THE CANADIAN NURSE

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

The phenomenon known as "growing pains" is not restricted to children. Schools of nursing have exhibited the symptoms — even nursing associations!

As HAZEL BERNICE KEELER, chairman of the national Committee on Nursing Education, reports on the various aspects of the work of her committee during this past biennium, there are many evidences of growing pains. She asks many serious questions that both deserve and require further study, locally as well as nationally.

A native of Saskatchewan and a graduate of the Vancouver General Hospital, Miss Keeler has had broad experience in many aspects of nursing education. Since 1950 the director of the School of Nursing, University of Saskatchewan, she started her career as obstetrical supervisor in a small hospital. Successively thereafter, she was a science instructor, a clinical instructor, principal of a school of nursing, university lecturer, provincial coordinator and adviser to schools of nursing, and in 1953 saw a cherished dream come true when the centralized lecture program became a reality in Saskatchewan. Despite the success of the latter program, reported in 1957 by Miss Lola Wilson in "The Story of the First Three Years," no similar pattern has evolved in any of the other provinces. They continue to rely heavily upon "part-time teachers" as Miss Keeler's editorial reveals.

* * *

To introduce those of you who are unfamiliar with Nova Scotia to the historical lore of that province, we are pleased to present the first of two articles written by PETER O'BRIEN of the Nova Scotia Publicity Bureau. This is the story of the province as a whole. Next month Halifax will be the centre of interest. We wish it were possible to reproduce in color photographs of some of the beautiful spots throughout the province. If you have never spent a leisurely holiday in Nova Scotia, you have missed a real pleasure.

* * *

As you review the tentative program for the biennial convention, you will become conscious of the disappearance of one of the familiar features of such programs for the past many years. It has been decided to eliminate the classical address that has been known since 1944 as the "Mary Agnes Snivelev Memorial Lecture." However, the founder of the Canadian Nurses' Association is not to be forgotten. The ceremonies that mark the introduction of the new honorary members of the CNA seemed to the Executive Committee a more appropriate occasion to pay tribute to that gallant and far-sighted lady.

* * *

In this issue you will find the Nomination Slate for the 1960-62 biennium. The brief "who's who" after each name will identify the various nurses who seek election.

* * *

Canada's newest university School of Nursing — that of New Brunswick — was opened to classes only last year. The director of the School and professor of nursing, KATHERINE MACLAGGAN, interprets the role of their program in the expanding nursing education developments in this Maritime province.

* * *

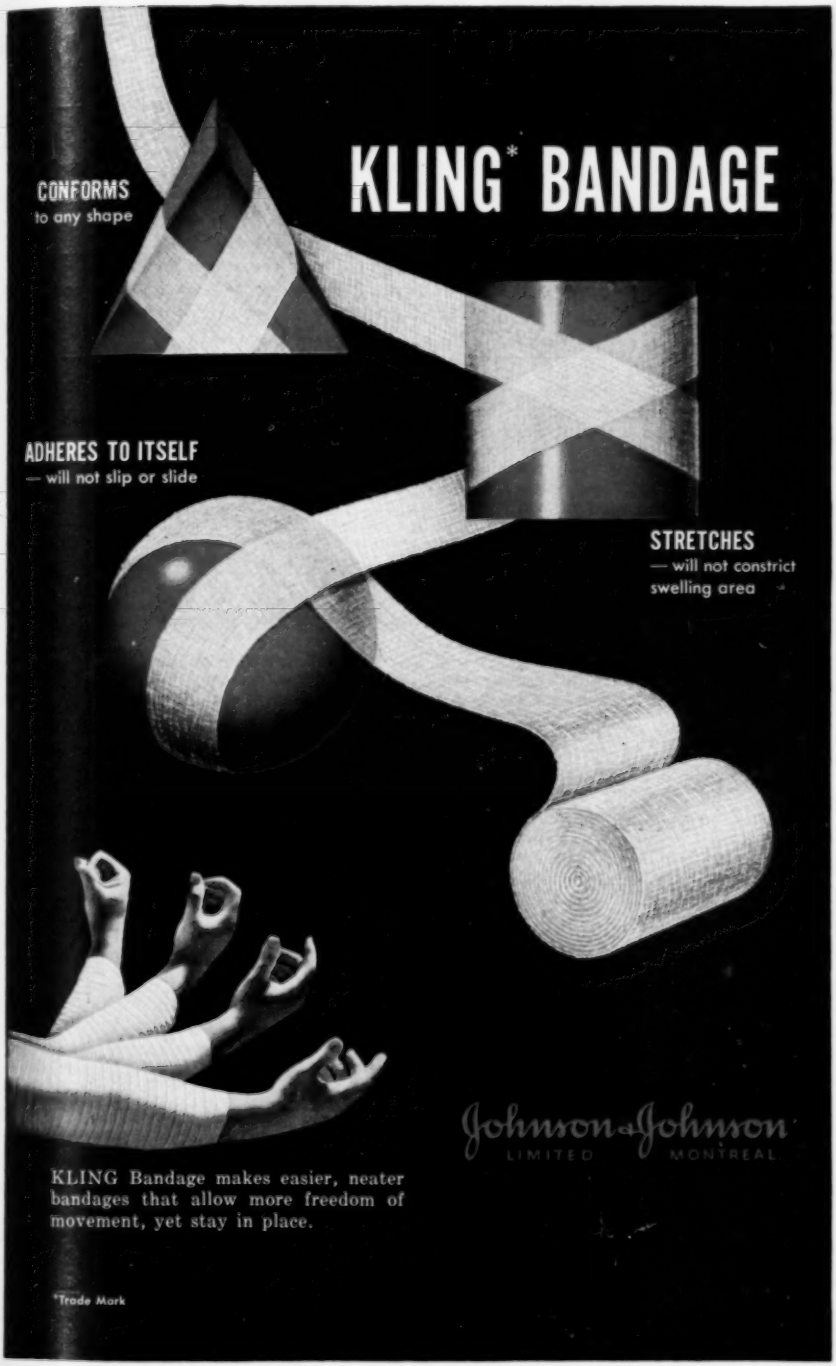
Primary emphasis in this issue is given to community aspects of nursing. Among other authors, DR. STANLEY GREENHILL shows us how and why the pattern and the needs have been changing in the past generation. MARY P. EDWARDS has described the program of service that has evolved in Saskatchewan.

* * *

The fillers about Nova Scotia were taken from Dorothy Duncan's *The Blue Nose — A Portrait of Nova Scotia.*

The Loyalist Church of St. Edward located in **Clementsport, N.S.** was consecrated in 1788. Its architecture is Norman and its doors have handmade hinges and nails. Plaster on the walls was made from burned clamshells and it remains too hard to pierce with a nail. — DOROTHY DUNCAN

Chebogue Point commands a wonderful view over the Atlantic and the Tusket Islands. Between here and **Yarmouth,** during certain weeks in summer, roadside banks are covered with blue lupin, spread from garden seed first brought from Holland. — DOROTHY DUNCAN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Random Comments

Dear Editor:

You have no doubt noted the error on page 233 of the March issue in the article "Review of the Pilot Project." The first sentence which follows the guide questions should read: "The responses were most encouraging." I am sure the readers will probably sense this error when they read the sentence.

HELEN MUSSALLEM

¶ *We regret this error.* Ed.

Dear Editor:

During my past three years of training I have found *The Canadian Nurse* very informative and often invaluable.

I realize that the opinions expressed therein are not necessarily those of the Canadian Nurses' Association, but I would like to question two answers given in the "Objective Test of Fundamentals of Nursing" printed in the January, 1960 issue in the article "Test Construction in Nursing Education."

Question No. 4 reads: "Occupation and economic status of the patient must not affect the kind of care given by the nurse." The given answer was "False." This is exactly opposite to what I have been taught. I pledge myself to "practise my profession faithfully" — to all — not just those fortunate enough to be in the "upper bracket." I hope this is a misprint or misunderstanding on my part.

Question No. 39 reads as follows: "Exclusively the doctor's responsibility" — Answer — Prognosis! The doctor sets down the diagnosis and prescribes the treatment. God, the nurse, and the patient himself hold his prognosis. This seemed to be a very vague question.

A nation-wide accepted set of registration papers would be a real step forward for Canadian nurses, and I do hope that someday, in the not too distant future, it will be a reality.

Thank you very much for the many interesting and helpful articles in your magazine. I am looking forward to the day when I shall have my own copy to read and keep!

S. O'D., New Brunswick

¶ *How do other readers feel about these test questions?* Ed.

Dear Editor:

The February *Canadian Nurse* arrived, I

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---

glanced at the table of contents and turned to page 141 "Patient Care at Home." After reading the article twice with great interest I found it hard to realize that no mention was made of the home care plan which has been in operation for about eight or ten years at the Reddy Memorial Hospital.

While most nurses in the Montreal area are aware of this service I feel sure the majority in other parts of Canada might not be so well informed.

L. M., Quebec

¶*A comprehensive article on this subject appeared in The Canadian Nurse, Vol. 54:773.* Ed.

Dear Editor:

A woman I know told me that her sister, facing a second operation for cancer, did not dread the operation nearly as much as the agony of having a catheter passed.

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* Weinstein, J. J.: Bowel Preparation for Anosigmoidoscopy with a Hydrogogue Enema. To be published.

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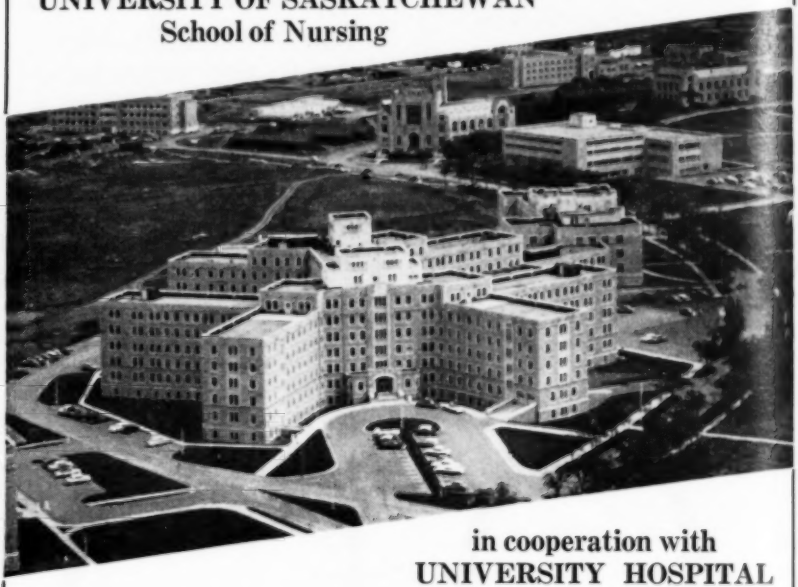

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UNCOVERING SOME FACTS

A VISITOR FROM THE UNITED STATES once said that she preferred to visit Canada in the winter because Canadians were more normal in the cold weather! Since this past winter, as well as that of last year, brought more than the usual quota of cold and stormy weather to most parts of Canada, one might conclude that nursing activities in this biennium have been even more normal than usual. In my part of the West we had a particularly early start this year since it turned cold in the middle of August!

I am not sure that there is a positive correlation between climate and the activities of the national and the provincial nursing education committees but ample evidence has accumulated from reports of meetings and group projects to justify such a conclusion.

The national Nursing Education Committee started the biennium with high hopes that much could be accomplished. Three major projects were selected. After all, we said, two years is a long time. Although we found out quite early that the segment of time available in each year in which to accomplish a task is startingly short, we do have something to show for our efforts.

One of the projects we chose was to assess the present situation regarding instructional staff in our basic schools of nursing. To this end we conducted a fact-finding survey. We received returns from 171 schools. The results obtained were both interesting

Esquire Photo, Saskatoon

HAZEL B. KEELER

and informative and in this brief editorial I will share a few with you.

Did you know that up to one-third of the teaching load in our schools of nursing is carried by part-time teachers, both nurses and non-nurses? In three provinces one quarter or more of the teaching load is carried by part-time nurse teachers. In two provinces there are as many part-time nurse teachers as there are full-time nurse teachers. In five provinces there are *more* part-time nurse teachers than full-time. The questions we asked after looking at this piece of information were logical ones. Is it an educationally sound policy to utilize such a high proportion of part-time teachers? Is it possible to achieve the desired objectives in basic nursing education when a large number of part-time people are contributing to the teaching program?

Did you know that there are 1446 full-time nurse teachers employed in our schools of nursing? Of this number 31% have no special preparation for teaching, 42% have a university diploma or certificate, and 22% have a Bachelor's degree. Fifty-four or 3% of the nurse teachers in Canada have their Master's degree. One question that might be asked is: what should be considered minimum preparation for teaching? The survey also revealed that there is considerable difficulty being experienced by our schools in filling the various teaching positions. Seventy vacancies were reported. A question that suggests itself is: what are we doing to ensure an adequate number of qualified instructors?

It was interesting to learn that 26% of our schools have a total enrolment of fifty students or less while 64% have a total enrolment of a hundred or less. A question that might be raised is: should centralization of teaching programs be considered in order to make better use of our available teaching force?

Two trends were quite noticeable. The shift to one class a year appears to be definitely established. Only 45 of the 171 schools continue to admit two classes. Affiliation patterns also appear to be changing. The most common clinical experience provided by affiliation is in psychiatry and 27% of the students are now receiving this experience. Less than half of the schools of nursing provide tuberculosis experience for their students. Other affiliations include pediatrics (55 schools) and public health nursing (46 schools). This prompts us to ask: should we aim at psychiatric nursing experience for all students? Should some other experience than tuberculosis be arranged? Should we be thinking about geriatric or small hospital affiliation?

Our second project was to arrange a conference on curriculum development which we held in November, 1959. We felt that this was a timely thing to do because of the considerable activity in curriculum revision in most of the provinces. We planned to produce a guide for curriculum development which would be useful to committees working in this area. We were able to prepare a tentative guide which at present is in the hands of the provincial education committees for their study. It is hoped that constructive suggestions for change and comments on its usefulness will be brought to the attention of the incoming national committee. The production of a worthwhile curriculum development guide will obviously take more than one biennium for completion.

Our curriculum conference was interesting, informative and, to some of the participants, a bit disturbing. It is not easy to accept an approach to curriculum study that differs markedly from a familiar and comfortable one. The aim of our conference was to help us change our orientation from a procedure and disease-centred curriculum to a patient-centred curriculum in order to bring it more in line with the present philosophy of total health care. It was a bit like being pulled up by the roots, and it hurt! However, we will be none the worse for having had this experience and I will venture to say that "back home" the shift will slowly but surely get started.

HAZEL B. KEELER
Third Vice President
Canadian Nurses' Association

Procrastination is the art of keeping up with yesterday. — MARQUIS

OUR CHANGING SOCIETY

STANLEY GREENHILL, M.D., D.P.H., F.A.C.P.

Changes in Canadian society are not only numerous but have taken place rapidly. These two factors influence every aspect of our life. Medicine and nursing are affected by societal changes, and themselves effect change in society.

OFFICIAL HEALTH REPORTS continue to show an improvement in Canada's health. Canadians, meanwhile, continue to fill more and more hospital beds, and to request bigger and better government-subsidized health schemes. This discrepancy between the statistical indices of health, and the individual's *feeling* of health is of prime importance to all members of the medical and nursing professions.

To ignore these pressures, or even worse, to remain ignorant of them, will not increase our competence to deal with them. It is to be remembered that medical care through government agencies is the rule rather than the exception for the majority of the world's population today. No matter what our reactions are to this world-wide trend, it will not be stopped by pretending that it does not exist.

To try to cover such an important topic in a short article is presumptuous. Instead, an attempt will be made to outline a few of the more dramatic changes occurring in our society — changes that will necessitate a revision in our thinking and approach to the whole problem of ill-health and sickness in Canada.

Population

If Canadians have any faults, sterility is certainly not one of them! In the past 20 years or so this country has almost doubled its population. In 1931 our population was officially estimated at 10.3 millions, in 1951 it was 14 millions, now it is over 17 millions. Most of this is due to natural increase; only about 30 per cent can be attributed to postwar immigration.

Such a rapid increase in population has naturally produced sociological pressures. Fortunately, for this country, there is still plenty of empty space. Unfortunately, there would appear to be little desire on the part of people to take advantage of it. Since 1950, 95 per cent of this increase in population has occurred in our metropolitan areas. The vast urban conglomerations possess many of the characteristics that we associate with a neoplastic growth.

In spite of the town planners, the urban areas continue to grow and engulf adjacent rural areas. In no time, these rural areas become the vast sprawling, conforming suburbias of the modern city. This trek to the city is accompanied by an evacuation from the rural areas. In Alberta, between 1951 and 1956, the increase in the urban population was 41 per cent while the loss from the rural areas was 5 per cent. Increase in the population in the city of Calgary was 41 per cent; increase in the population in the fringe areas of that city was 61 per cent. In Edmonton, similar values could be seen: 41 per cent increase in the city, 77 per cent increase in the fringe areas.

Change in Age Composition

Not only is the rate of growth and the distribution of our population showing remarkable changes, but one can detect important changes in its age composition also. Though we pride ourselves on belonging to a young nation, the actual truth of the matter is that we are an aging nation. The median age in Canada in 1900 was 23 years, in 1930 it was 26½ years, and in 1950 it was 30 years.

To confuse the picture a bit more, it must be mentioned that Canada's population is being made up more and more of the young and the old. This apparent paradox can be understood when it is remembered that in the "hungry thirties" the birth rate fell, but during the war and since, Canada has manifested a baby boom. Our birth rate of 28.6 in 1957 was one of the

Dr. Greenhill is Professor of Preventive Medicine, University of Alberta, Edmonton. This address was presented at the 1959 annual convention of the AARN.

highest in the world. It did not drop when hostilities ceased. The result has been that between 1951 and 1956 the number of those below the age of 15 increased by 23 per cent, those above the age of 65 by 14½ per cent. There was only a 6.7 per cent increase in those between 15 and 24 years of age. It looks as though Canada is now a land of opportunity for pediatricians, geriatricians, and obstetricians!

Life Expectancy

These few comments on the age composition of our population lead naturally to some remarks on our increasing life expectancy. These figures refer to the *expectation of life at birth.* If this is remembered, then it is undoubtedly true that a male born today will probably live 70 years. If he had been born in 1860, he would have likely only reached 40 years, due to the hazards surrounding the first year of life a century ago. Theoretically the expectation of life is greatest at the time of birth. In actual fact, the expectation of life in adolescence is somewhat greater owing to survival through the hazardous first year of life.

We can, therefore, rejoice in the fact that our children have a very much greater likelihood of attaining three score years and ten. This can be regarded as a credit side of the life expectancy tables. However, the middle-aged male has not much cause for rejoicing. The difference between the expectation of life at the age of 50 now is very little different from what it was in 1860. In other words, the mortality risks at the age of 50 to 55 are pretty much the same today as they were over 100 years ago.

Death Rates

No medical research worker has yet discovered the elixir of life. We are still as prone to the diseases of old age and attrition as were the Pharaohs of ancient Egypt. But if we are continuing to die, the reasons why we die are fewer in number than they were 100 years ago, and our death rate is lower. In 1921 the death rate was 11.6, by 1957 it had dropped to 8.7, one of the lowest death rates in the world. This fall in death rate is regarded as an index of the improved health of our population. It is, however, quite presumptuous of our professions to take credit for this improvement.

Perusal of any mortality tables, going back over the years, provides clear-cut statistical evidence indicating that this decrease in the death rate began to occur long before the advent of so-called "scientific medicine" and the widespread use of antibacterial drugs. The mortality caused by tuberculosis had dropped from a high point of 500 per 100,000 in 1845 to 50 in 1945. That is a ten-fold decrease in mortality rate. Yet no drug therapy was available during that period. Tuberculosis is but one example. Many other infections show the same decrease in incidence and mortality.

The decrease in death rates is a much more accurate reflection of improved living standards than of medical advances. In fact, the fall in the death rate figures parallels legislative demands for pure food, pure water, pure air and better living conditions. The fall began to occur long before vaccination or immunization techniques were known or practised. Most people now die from four main causes. Commonest by far are the cardiovascular lesions, amounting to about 60 per cent; cancer is the next most popular cause of death, accounting for 16 per cent; third on the list, at 7 per cent, is accidents; and fourth, at 5 per cent, is diseases of the respiratory system. It is both humiliating and depressing to remember that 11 per cent of all deaths occur in children who have not lived to one year of age.

Changing Pattern of Disease

It is a comparatively easy matter to obtain figures relating to mortality. It is an entirely different matter to try to obtain figures relating to morbidity. But enough data is available to substantiate the clinical impression that the pattern of disease is changing rapidly, and that more and more people, in spite of our statistical indices of improving good health, are, in actual fact, suffering from feelings of "dis-ease." More and more people are visiting doctors with symptom-complexes that defy pathological diagnosis. To supplement these, the incidence of such modern disorders as the arthritides, peptic ulcer, asthma, headache, dyspepsia, hypertension, and coronary insufficiency make up an in-

creasingly larger portion of the average physician's patient load. These diseases are not lethal but they are disturbing and incapacitating, and they lead to impaired efficiency at work and at home.

Present-day rigid concepts of disease causation cannot explain this mass of irreducible sickness that still remains with us. The concept of a specific etiology for a specific disease entity dates back to the great days of the German tissue pathologists and the French and German bacteriologists. This concept enabled medical research to make remarkable headway in its study of the causation of disease. However, with the great upsurge of disease entities of the type just mentioned this concept is now outmoded.

All of us will have to get used to the idea of thinking of multiple etiologies contributing to complex disease entities. To search for the cause of cancer, arteriosclerosis, mental disorder, and so on, will be fruitless. Disease states are not the direct result of a single determining factor, but the outcome of a variety of circumstances — circumstances to be found not only in the body, but also in the psychosocial environment. The research worker of the future, seeking to elucidate our modern day syndromes of "dis-ease" will have to be an individual of wide experience and broad background. He must be an individual able to integrate data from many disciplines and from disciplines not usually thought of as "medical."

Today's Patient and His Disease

The vast majority of patients come from urban centres. Many will be skilled tradesmen or office workers. A minority will belong to the professions. A smaller number still will be executives.

The average patient will be a well-educated individual with about 10 to 12 years of schooling. There is a four-to-one chance that he will be employed by somebody else, and therefore dependent upon that person for his continued livelihood. His wife will have borne him 2.6 children between her 22nd and 26th years of life. In order to help out with the family's indebtedness, the wife will undoubtedly have taken on some part-time or full-time work. In 1955, 25 per cent of Canada's labor force was female. About 40 per cent of these women were married, and most of them were in the 25-34-year-old age group. This family will be living in a three-bedroom bungalow, probably with a two-car garage. The house will not be their permanent home, since about 10 to 20 per cent of families change their residence annually. Nor will it be large enough for them to accommodate an influx of relatives. The arrival of guests will produce considerable disruption of household routine. The house will not be paid for, nor will the car and most of the electrical home appliances.

As far as making provision for medical care is concerned the typical family will have some type of hospitalization. A period in hospital may produce no financial strain. Medical and hospital coverage may more than compensate for medical and hospital expenses. Sickness benefits provided by the employer will make any period of illness relatively painless. About 86 per cent of the general population have some type of medical care coverage.

How different from 30 to 40 years ago! It sounds like a veritable utopia. Yet something must be amiss to judge by the line-up for hospital admission or the full appointment books of practising physicians.

No mention has been made of the cultural vacuum in which this young couple live, nor of the stresses, strains and frustrations that the husband experiences at his place of work. Promotion often is not based upon ability, but upon seniority. Maintenance of job and position is dependent upon conforming to the habits and customs of the organization that employs him.

The wife is hemmed in by the strict circumscribed ritual and taboos appropriate to the neighborhood. This neighborhood has not yet developed into a true community. It is still a "housing development." Social and other activities are still centred in the well-established districts. The neighbors are not yet neighbors but social rivals! The daily schedule is determined by school, office and transportation deadlines. Everything runs to a timetable.

This frantic search for security, a home, a family and financial success is but a manifestation of feelings of in-

security. Insecurity arises not only from the work situation but from some of the social factors already mentioned. International tensions add their quota of anxiety and uneasiness. This rigidity and conformity imposed by the mores of society produces loss of resilience and adaptability. Is it any wonder then that today's young people are subject to a variety of feelings of discomfort often interpreted as manifestations of ill health!

Both husband and wife regard illness as the major obstacle in reaching Utopia — a debt-free never-never-land. With their vague distresses, they visit a physician who has 19th century theories of disease causation. The physician may feel frustrated and incompetent in the face of these 20th century maladies. Because of medical attitudes ill-suited to the modern world he may doubt his diagnostic skill. The causative agents of his patient's illness cannot be found in a test-tube or under a microscope.

Changing Concepts of Etiology

Of course, the etiological agent will never be found. The causative agent is not single. The factors productive of feelings of disease are to be found as frequently outside of the body as in it — the "pathology" may be the man's place of work, his social milieu, the home environment, the marital situation, the parents and in-laws, or the anxieties and distresses generated by reading daily headlines or health hints! Medicine will have to broaden its concepts, disciplines and attitudes if it is to satisfy today's patient.

"The only safety for the years ahead lies in a professional training, sufficiently broad and flexible, so that the individual can survive the ups and downs and adapt himself to changing situations."* One of the manifestations of this unwillingness to change our approach and attitudes to the problems of sickness and disease can perhaps be best described as "the retreat from the patient."

The "Retreat from the Patient"

The nursing profession manifests this retreat from the patient in several ways. The trend in modern hospital architecture and design is to create more and more physical barriers between the nurse and the bed-bound patient. The term "nursing station" has a depressing similarity to the term "battle station." The nurse with her battery of flashing lights, microphones, and intercoms ensconced behind a glass-partitioned desk removed from her patient is reminiscent of a gunnery officer at his control station firing at an unseen foe! The nurse in white is still the symbol of understanding, sympathy and comfort to those who are sick or in pain, yet more and more these attributes are being usurped by girls in uniforms other than white.

The role of the registered nurse has changed markedly in recent years. No longer does she nurture or minister. Instead she administers or supervises. This change in her traditional role may well be due to unconscious feelings of inadequacy when faced with that most complex of beings — the modern patient in a hospital bed.

Conclusion

This has been a cursory review of some of the significant changes observable in our society. Undoubtedly these changes fascinate sociologists, intrigue economists, and challenge political leaders, but to the medical and nursing professions they are a matter of concern. Whether such concern is justified has been discussed. It has been suggested that our 19th century concepts of disease do not apply to many of our 20th century maladies. The old order changeth. The concept of multiple causality must replace the long respected "one cause, one disease" theory. Without such a change in thinking the complexities of today's illnesses will continue to disturb us and to reduce our effectiveness with patients.

If we accept this change in approach to disease causation then we must also change our long-held attitudes to "diagnosis." Diagnosis must become as comprehensive as the newer concepts of etiology. Instead of diagnosis being an indelible tag permanently attached to the patient, it should be a label — a label delineating the roles played by disease, emotion and social environ-

*Gairdner, J. W. Quoted in "Some Things Worth Knowing," by S. Chase. Harper Press. 1958. p.10.

ment, a label easily removed or changed as circumstances demand.

Acceptance of such concepts and ideas by the medical and nursing profession would demonstrate their awareness and sensitivity to present social changes. Application of them will enable medicine to maintain its prestige, status, and freedom to practise in this changing society of ours.

Public Relations in Public Health

HANS S. FALCK

What are the aims of public health? Who sets them? How are they achieved? One thing is certain, in a democracy "public health cannot be legislated."

As a close neighbor I have been impressed and somewhat envious of the progressive ideas and programs that characterize the Canadian view of the citizen's responsibilities to his fellow men. Good intentions are only part of the effort and the enlightenment necessary to develop progressive social legislation. Your excellent child welfare programs, to cite only one example, attest to the willingness of your national community to nourish and preserve those who give meaning to our lives today, tomorrow and in the days to come. Your liberal immigration laws — the most liberal on our continent — are looked upon with admiration by many of us to the south of your border. Indeed, Canada can speak proudly of its good intentions as well as of its actions toward the goal that all mankind seeks — the constant betterment of man in his community.

Every social service, be it public or private, renders itself accountable for its activities, both in the qualitative and quantitative sense. Whether social services are financed and otherwise supported by tax monies, Community Chests or United Funds, or whether donations are made by individuals and organizations directly, there is provision made for formal accountability.

We are accustomed to think of accountability in the financial sense. How have funds been spent? For what purpose? How much is spent on salaries? How many people have been served, that is, what has been the *per capita* cost in relation to those served? Have funds been disbursed for the precise purpose intended by the income source? Nevertheless we are not satisfied that such accountability can also *interpret* our services. Figures have limits. While they tell a story, *what* they tell is limited, not very dramatic and difficult for the general public to understand. Formal accountability, therefore, is insufficient if we desire also to *educate*. Even the crudest kind of interpretation — the proverbial wheel-chair ridden, handicapped child on a poster speaks something to the public that numbers rarely, if ever, do.

Now we are making judgments. We feel that the heartstring-pulling poster is crude and insufficient; that it may be dramatic but it does not really inform in any intelligent sense. It may bring in dollars, but we have interests beyond fund-raising. We shall therefore, make another assumption. We shall hypothesize that the maintenance of good health, physical and mental, must be interpreted as part of the professional services that all of us render. In this connection we are primarily interested in prevention of illness since, at least some of the time, the acutely ill person and his relatives are aware of the need for treatment.

The ill or severely disturbed person may feel enough discomfort and pain to be motivated to seek help. While there are those who will seek assistance

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reluctantly even when acutely ill, the general tendency is to enlist our aid when it is needed. However, it does not necessarily follow that a large part of the public will seek to maintain its health by regular check-ups — medical, dental etc. We face this problem primarily in relation to physical health. The proverbial "apple a day that keeps the doctor away" needs to be eaten just as often to keep the caseworker and psychiatrist away. Prevention of illness is only one reason why we, as professional personnel in the field of physical and mental health, are called on to redouble our efforts in interpreting our services.

A second reason stems from the fact that in a democratic society people who pay for services through the tax dollar are making services available to *themselves*. They have the right to know what they are getting for their money as well as what further services they may need. It is all too easy for the public to think that professional persons make services available simply because they are close at hand. We render the services but only in view of our professional and technical knowledge and skill. The availability of the service rests ultimately with the community. It pays the bills and determines policy — either through its elected representatives or through boards of directors in the case of voluntary agencies. This means that the ultimate responsibility for what a community can afford for itself does not rest with us but with the citizenry. It can be no other way in our kind of society. If the people as a whole want the service we are willing, even eager and enthusiastic to use the very best within us to accede. It is also on this basis that we educate and interpret in the most effective manner possible. We may persuade, plead, implore and guide, but we cannot really force.

What can we do? Public relations or the interpretation of our functions potential and actual, should be directed toward at least two audiences: the community and the individual patient.

The Community

We are living in a day in which advertising plays a large role in selling commercial products. People are sometimes torn between their admiration for the cleverness with which advertisers "reach them" and rebellion against the manipulation of their patience and their nerves. There was a time in the history of advertising when it was thought that all one needed to do was to tell the customer about the product. Advertisers felt that it was the merchandise itself that was important. A careful look at television commercials reveals that the product is closely dependent upon something else — *you*.

Some advertisements question and others support your sense of masculinity or femininity. "If you want to be a *man*," the ad says in effect, "buy this . . ." Or, if you are a *woman* and want to be an effective one, you must make yourself attractive to the men in your life. This is followed by the introduction of a new lipstick or powder. This is not to suggest that we should take such an approach. What we can learn from this is that true public relations must stimulate something in the listener that is an important part of him. Something within him must be activated that is so *very* important to him that he will tell others about it. This is why the so-called heartstring appeal has been very successful in raising money. Who does not feel sorry for a child in a wheel-chair? Whose sense of sympathy and even guilt is not stimulated when he is approached by an appeal for funds to fight cancer, when a neighbor, friend or relative has been stricken or perhaps died? The viewer or listener must become involved, intellectually and emotionally, if he is to absorb the idea we are trying to convey.

There is no flamboyant short-cut to public relations or interpretation in relation to the community. Tax-supported organizations as well as privately supported services need to give some real thought to the possibility of broadening and enlarging very considerably the base of community participation in their affairs. Too many professional men and women act as if all that is necessary is to see patients and "cases." Enlist your leadership people first. Perhaps you want a Citizen's Committee for Public Health. With proper guidance from you it could serve with great value. Settlement houses, for example, have used this technique for many years on be-

half of better housing and police coverage for neighborhoods with high crime rates. The people in Little Rock, Arkansas and the White Citizens Councils in the southern United States have, unfortunately, had great success with these techniques. Let people in on your problems. Ask for advice, for ideas, for opinions. Share your goals and hopes with the citizens in your area. After all they are the sponsors of the services you render.

Another approach might be made through existing organizations. There is a national women's organization in the United States, whose local chapter in a large city has supplied volunteer services for many years to a group working with retarded children. These ladies do everything from mailing literature to driving children to and from their homes. At the same time they are learning about disease, human need and suffering. The message the agency has to tell has not been lost on them. They in turn have been most effective in telling the story of retardation. They tell their friends and neighbors with conviction because they themselves are emotionally involved. And yet, the strictly professional domain has been reserved, as it always must be, for the professional people.

By such an approach an organization can tell its story through direct, personal involvement of individuals in the community. The results *are* slow in coming, partially because you have to start on a small scale and gradually widen your activities. It has been proven, however, that results are more lasting and community involvement more effective than a superficial, propagandistic approach can ever achieve. People will tell your story when they understand it.

One of the major developments in the history of ideas in Canada and the United States, is *egalitarianism*. One of the connotations of this word is, that neither here nor in my country does an intelligentsia exist in the class sense. There is no political or social movement that rests primarily upon the fact that its members are university graduates. This fact places the professional, university-educated person in the position where his function and usefulness is substantially limited to areas of professional technical participation. The minute that you and I leave our offices or the nurse takes off her uniform, we are ordinary citizens. Perhaps we may have special responsibilities to extend our job-connected social convictions into our private lives, but we have no special privileges that would set us aside on account of education, or prestige derived threfrom. In other words, we are held to be specific in our professional functions. What are the implications of this characterization of the professional person's social role?

The major one is that the citizenry and its representatives have a far greater opportunity for the kind of decision-making that is typical of agencies and clinics in health and mental health than it would have if our social role as professionals were different. Every tax-supported service is responsible, directly or indirectly, to some person or group who makes policy decisions.

You may ask, "What do citizens' groups or politically appointed citizens know about what I am doing?" While the question is legitimate, so is the answer: "Usually nothing, until you and I educate them and guide them so that they *will* know." Your citizens need not know how to pull a tooth, operate for appendicitis, nurse patients or check a piece of property to meet sanitary standards. We *can* educate them to the need for service, for better public health, for greater financing, without attempting to reach decisions which are theirs to make.

If we want better facilities, more service and better public understanding of health needs, we must, in addition to community groups, work with our boards and legislative committees. The important word is "with," not "at them" nor "for them." When properly involved and educated, these people generally can make decisions and make them intelligently. Every meeting with a city or town council, with boards of supervisors or with local and provincial legislators should have some provision for educating them to the needs of people. The process is slow, even cumbersome, but you will find that in the long run it is worth the investment of time and energy.

Health is primarily the responsibili-

ty of the community and the people who represent it. We as professionals are concerned, too but we must be careful not to assume all of the responsibility. If we do so it will be left with us. This would be neither in our interest nor to the community's ultimate welfare.

The Patient

The second possibility for public relations lies within the grasp of every one of us. It is the relationships between each of us and our patients.

There are few relationships between people that are more important to the individual than those between nurse and patient, between physician and patient. Many patients pin their hopes on them. They hang on each word that is spoken, think about them, interpret them, construe and misconstrue them, too. The influence of a nurse or a physician is enormous. Professor Talcott Parsons of Harvard University has said:

> . . . it should be noted that the burdens the physician asks his patients and their families to assume on his advice are often very severe. They include suffering — "You have to get worse before you can get better" as in the case of a major surgical operation; risk of death; permanent or lengthy disablement; severe financial costs, and various others.

It is no doubt true that most practitioners in the helping professions practice their art with a high degree of competence and deep interest. In *this* context there is, nonetheless, a difference in the attitudes of persons who state that they *practice* medicine, nursing, dentistry or social work and others who think of themselves as *curing* and *helping* patients. It is not that the former fail to help, but that the second group is aware that *people* are being treated—people who have unique personalities, distinct needs, likes and dislikes and who, in their disablement, are seeking along with physical care some recognition that they also have a psyche. There is no illness that is physical only. Every illness has emotional overtones, to say nothing of a variety of psychosomatic syndromes.

The interpretation of your therapeutic function then — whether this is to gain more community support, or whether you are aiming to improve on the preventive medical or public health aspect of your community — depends on whether or not at the most direct level of service to the patient, something exists that enables you to do more than, to put it crudely, "push pills."

The education of the patient-public depends on the constant development of the kinds of relationships that result in the opportunity to interpret our services. If we insist on appearing as authoritarian experts, our patients and clients may do what we order them to do but it is unlikely that many will do very much on their own to maintain and improve their health. To a considerable degree we wish to make ourselves unnecessary to our clientele. This would seem to mean that they should assume more and more responsibility for the care of their routine needs. Authoritarian relationships do not free — they shackle. They shackle in such a way that nobody gains at all. They make patients helpless, afraid, looking to you for miracles that you cannot perform. They make your life more difficult because you have a harder job to educate your various publics. In short, such relationships fail to involve the patient-community where and when involvement is needed most.

Community education on behalf of public health services has potentially powerful benefits, provided sufficient time and patience are invested. Such education can raise the level of service. It can result in expansion and in better financing. The prime demand would seem to be that, as part of the daily work, the general community, policy-making bodies and the patient should be afforded the opportunity to know about and to participate in their own affairs. To paraphrase the motto of a well known publication: "A well-educated public is our greatest support." The essence of our thinking then is that "public health cannot be legislated." This being true community involvement must be developed by positive relationships between public health personnel and the public. Such relationships are best achieved when they are fostered the whole year around. Thus, people will learn slowly that *their interest is at stake in the work that you do.*

Public Health Nursing in Saskatchewan

MARY P. EDWARDS, B.N.

Keeping the public healthy or guiding its members back to health requires a high degree of governmental organization.

Saskatchewan was created a province in 1905. Its first Public Health Act was passed in 1909, establishing a bureau of public health. The department of public health was created in 1923 and the division of public health nursing was formed in 1928.

The province has an area of 251,700 square miles extending 761 miles from the southern to the northern border with a 393 mile base along the Canada-United States boundary. The 1956 official census records a total provincial population of 880,665 with only 12,427 living in the northern half of the province. The southern half has 10 cities. The two largest, Regina and Saskatoon, comprise approximately 20 per cent of the 1958 provincial population, and administer individual health departments. Two of the cities included in health region programs have populations of 31,800 and 22,000. The remaining six vary between 5,400 and 10,612 citizens. In 1958 there were 104 towns and 371 villages.

In 1956, 41 per cent of the provincial population and 58.3 per cent of the people served by provincial public health nurses lived on farms. The number of people living in urban communities is increasing steadily due to an increase in mines, oil fields, manufacturing, construction, forestry and other non-farming activities.

Structure of the Division

The public health nursing division of the Saskatchewan department of public health is part of the regional health services branch. This division has a director and two nursing consultants. Originally, it was directly responsible for public health nursing services in the entire province, with the exception of larger urban centres and the Indian Health Service.

Miss Edwards is director of the Division of Public Health Nursing, Department of Public Health, Regina, Sask.

Organization of health regions and the northern health district placed public health nurses under the direction of a local medical health officer and a local nursing supervisor. The director of the division remains largely responsible for the public health nursing program and policy. One unorganized area, where limited public health nursing service is provided by four nurses, remains under the direct supervision of the nursing division. It is expected that this area will be organized into a health region soon.

The southern half of Saskatchewan, with the exception of the cities of Regina and Saskatoon, has been divided into 12 health regions. Eleven of these are organized and each is directed by a regional medical health officer. Public health nursing is carried out through a regional nursing supervisor, her assistant and a staff of public health nurses in the approximate ratio of 1: 5000 population. The regional nursing supervisor is directly responsible to the regional medical health officer who, in turn, is responsible to the director of the regional health services branch.

The public health program of the sparsely populated northern half of Saskatchewan, known as the Northern Health District, is directed by a medical health officer. Public health nursing functions are carried out by a nursing supervisor and a staff of six nurses. Four of the nurses are midwives stationed in outpost hospitals and they perform a dual role.

The division of public health nursing has direct contact with the regional medical health officers and the regional nursing supervisors of the whole province. At the same time it keeps the director of regional health services informed.

Functions

1. Consultative service to the director

of regional services; assistance with policy-making and planning.

2. Advisory and consultative services to health regions.

3. Selection and placement of public health nursing personnel in order that qualified individuals are available with the necessary equipment to do the work anticipated and at hand.

4. Direct supervision of nursing services in areas not yet organized into health regions.

5. Inservice education of supervisors and nursing staff in health regions.

6. Keeping staff informed of new concepts, methods or needs.

7. Development in the nursing staff of a spirit of devotion and unity of purpose.

8. Studying personnel policies and work conditions of other public health agencies and other nursing fields in relation to those in effect in this department.

9. Construction and revision of records and reports, as necessary, for efficient operation of nursing within the regional and district program structure.

10. Estimation and planning of the budget for the public health nursing division.

11. Organization and supervision of the field work program for university students who specialize in public health nursing.

12. Formal instruction in community health to student nurses in schools of nursing.

13. Interpretation of program and policies to other official and non-official agencies.

14. Participation in national, provincial and local nursing and public health organizations.

15. Evaluation of the present public health nursing program in this department through reports, time studies and statistical analyses. Study of developments in other agencies, provinces or countries with a view to implementation of any method that might add to the value of our present program.

The public health nursing division maintains a liaison with nurses in other divisions within the department, but does not provide supervision. Other divisions employing nurses are the psychiatric services; occupational health; venereal disease control; air ambulance; hospital administration and standards; maternal and child health; and the cancer commission.

Personnel

The public health nursing division presently functions under a director who possesses extensive public health nursing experience, a degree in public health nursing and a certificate in midwifery. She is assisted by two nursing consultants: one with a certificate in public health, a teaching certificate and many years of supervisory experience; the other with supervisory experience and a master's degree in public health. A position for a third nursing consultant is presently under consideration. On September 30, 1959, 148 registered nurses were employed in the division of public health nursing, the health regions and the northern health district. Staff qualifications at that time were:

Master's degree in public health	1
Bachelor of Nursing, nurse midwife	2
Bachelor of the Science of Nursing	9
Bachelor of Nursing	2
Queen's nurse and nurse midwife	3
Health visitor and nurse midwife	2
B.A. & certificate in P.H. nursing	1
Nurse midwife and certificate in P.H. nursing	2
Nurse midwife	4
Certificate in administration and P.H. nursing	3
Certificate in P.H. nursing	43
Certificate in P.H. nursing and psychiatric nursing	2
Certificate in teaching and supervision	2
No qualification above registered nurse	72
Total	148

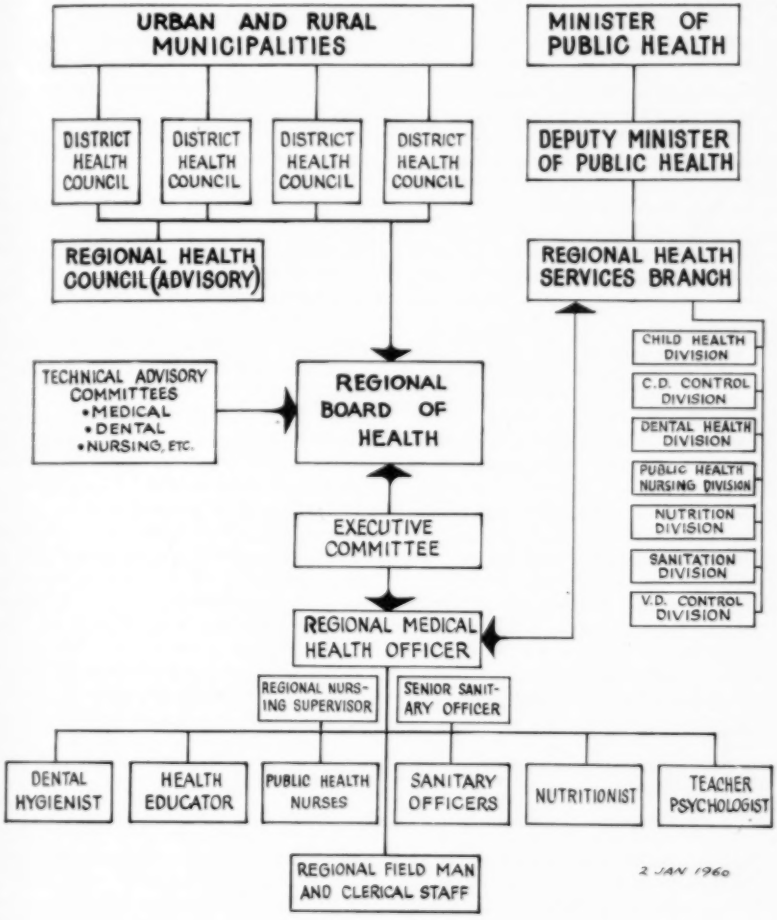
Program

The program of public health nursing includes service to all age groups, but places particular emphasis on the health of mothers and children. The nursing consultant of the division of Maternal and Child assists by providing in-service education for the public health nurses.

1. Maternal Health

(a) Prenatal services: Classes are offered in many areas with the approval and sometimes the help of the local physicians. Home visits are made to

HEALTH REGION ORGANIZATION FOR PUBLIC HEALTH SERVICES



as many pregnant women as can be reached. Teaching emphasizes the need for early, regular medical care, adequate nutrition and hygiene. A fluoride tablet program has been initiated through which women referred by their physicians may obtain tablets free of charge if their drinking water is deficient in fluorine. Water samples are also tested for nitrate content.

(b) Postnatal services: Visits to mothers in hospital are carried out in some areas. Almost all infants are born in hospitals. Postnatal home visits to mother and baby are made whenever possible with emphasis on premature follow-up. Early referrals from physicians and hospitals are encouraged to facilitate this service.

2. Child Health Conferences

These are held monthly in all larger market centres. They provide a counselling service for parents and health supervision for infants and pre-

school children. Protection against smallpox, diphtheria, pertussis, tetanus and polio is offered at each conference.

3. School Service

Teachers are assuming more responsibility for the health supervision of pupils. The nurse's efforts are concentrated on preparation of the child before he enters school. Teacher-nurse conferences allow the teacher to refer children requiring individual inspection, counselling and follow-up. Limited formal health education is carried out. School readiness programs in the form of group meetings are organized to include parents, teachers and health personnel. Emphasis is placed on preentrance medical inspection and on the education of parents to the needs of the child entering school. Nurses also work with teachers in groups, such as Home and School Clubs.

4. Communicable Disease Control

(a) *Immunization:* Protection against smallpox, diphtheria, pertussis, tetanus and polio is provided for all children up to school-leaving age. Immunization against polio has been offered to adults 17-40 years of age during the past three years.

Special immunization clinics are organized as necessary against such diseases as typhoid, Asiatic flu, etc. Gamma globulin is offered to immediate contacts of infectious hepatitis. B.C.G. vaccination is carried on in selected areas by the Saskatchewan Anti-Tuberculosis League.

All public health nurses in the department are certified inoculists.

(b) *Rheumatic fever:* Prophylaxis with oral penicillin is offered to selected cases. Public health nurses supervise follow-up care and report progress. Antibiotics are also available for diagnosed cases of streptococcal infection.

(c) *Tuberculosis:* Case finding, care and control is carried out by the Saskatchewan Anti-Tuberculosis League — a voluntary agency functioning (with provincial grants) directly under the deputy minister of public health. Health education regarding tuberculosis control is included in the public health nursing program. Community attendance at survey clinics, which provide chest x-rays and tuberculin tests, is encouraged.

(d) *Venereal disease:* Contact finding is carried out by public health nurses in rural areas. Free diagnostic and treatment clinics are organized in larger urban centres by the division of venereal disease control.

(e) *Other communicable diseases:* These are investigated and followed up by public health nurses when necessary.

5. Mental Health

Some referrals are made to public health nurses for follow-up of patients paroled or discharged from mental hospitals. Public health nurses assist in visiting patients who attend psychiatric clinics and aid in the referral of maladjusted children.

6. Disabled Persons

Public health nurses aid in the referral of disabled persons for care and do a great deal of follow-up work. They cooperate closely with the Saskatchewan Council for Crippled Children and Adults and the Physical Restoration Division in organizing mobile clinics; reporting on progress in the home; and encouraging prescribed restorative measures. Junior Red Cross cases and persons with visual defects are referred for assistance and are followed up.

7. Nursing Education

Public health nursing consultants work closely with regional nursing supervisors in the following nursing education programs:

(a) *Diploma schools of nursing:* Ten of the 11 schools of nursing in the province have depended on public health nursing consultants and regional nursing supervisors to teach the public health nursing aspects of community health. Efforts are being made to provide public health experience for hospital teaching staff so that they can carry this program. Shortage of qualified public health nurses has allowed only very limited field work experience for diploma school students.

(b) *University public health nursing program:* Field work programs are arranged each autumn and spring for students enrolled in the University of Saskatchewan public health nursing course. The autumn program is for students without previous public health nursing experience.

A public health nursing consultant works with the university staff, regional nursing supervisors and guide nurses in the organization, supervision and evaluation of field work programs.

8. Official and Voluntary Agencies

Public health nurses work closely with many allied agencies such as the Victorian Order of Nurses, the Red Cross, etc. They also have a responsibility for interpretation of the program and health education in the community. This is done through contacts with community officials, health council members and groups such as teachers' institutes and Home and School Clubs. While the department of public health is separate from the department of social welfare and rehabilitation in this province, both headquarters are in the same building and liaison is maintained.

Relationships with other Divisions

As indicated on the accompanying chart, the public health nursing division works with other branches, divisions and regions through the director of the regional health services branch.

Teaching Groups in Urban Areas

RITA DOYON, B.S.

Teaching is one of our chief responsibilities as we go about our task of helping people to stay well or to get well. The opportunities are many and we must know how to take advantage of them.

THERE ARE MANY GROUPS in most urban communities that meet at regular intervals and provide information regarding specific health problems.

Any large urban centre which has one or more universities, several large hospitals, an imposing number of organizations, all of which are interested in health, is an area where considerable health knowledge is disseminated. Nurses constitute one such important group. The ensuing discussion is limited to the teaching done by an individual nurse or a nursing group.

Every nurse is a teacher. From the very first day as a student, teaching patients is an integral part of the care that a nurse gives. It is generally agreed that health education should be incorporated into every nursing activity, irrespective of the setting in which the nurse functions. Every nurse then, carries very definite responsibilities for educating the public, whether she is employed in a hospital or outside of it. In any public health nursing program, teaching is the nurse's most important work and is a continuous performance.

Miss Doyon is assistant chief nurse, Department of Health, Montreal. This address was given last year at the Canadian Public Health Association convention.

What Teaching Is

As an educator, the nurse needs to possess information that will make her teaching a satisfying personal experience and, at the same time, reach those who are being taught. Teaching is the encouragement and guidance of the learning activities of others, whether they be children or adults. It is the art of helping others to help themselves.

The World Health Organization states:

> The aim of health education is to help people to achieve health by their own actions and efforts. Health education begins, therefore, with people's interest in improving their conditions of living and aims at developing a sense of responsibility in them for their own health betterment as individuals, and as members of families, communities, or governments.

This is the basic philosophy of any public health nursing program.

Teaching cannot be a routine process. It is something that should be original, inventive and creative. It is a genuine intellectual adventure, the primary purpose of which is always to transfer ideas and thoughts to some-

one else. Successful teaching necessitates an understanding of how learning takes place and the various factors that influence learning. The nurse must have an understanding of the principles and methods of teaching. She must be able to adapt these to the needs of individual groups. To clarify a topic under discussion, she should know how to use effectively, various visual aids such as leaflets, graphs, posters and films.

As a teacher the nurse needs to possess some understanding of interpersonal relations. She should know how to conduct interviews and other person-to-person contacts, so that these have educational value. She should have the ability to organize and give informal instruction; to lead group discussions with parents, teachers, industrial workers and others. She should know how to develop sound public relations. She must learn to be a good listener and be able to observe whether the learners really understand what they are being taught. Communicating ideas to others demands certain skills that usually come only with practice and experience.

It is imperative for the nurse to cooperate with other agencies in the health field. Her contact with them has value for the agencies and is a stimulating experience for her.

Competence in teaching demands an ardent desire on the part of the nurse to grow — to improve herself personally, to increase her professional knowledge and skill. It requires a thorough knowledge of her subject, subtle insight into student reaction and the ability to get information across. To be able to teach successfully requires adequate preparation of material and keeping abreast of new trends and developments in nursing. Frequent assessment of the content is also essential in order to keep pace with changing conditions in medicine and society. We must continually ask ourselves whether we are meeting the needs of the people we serve and whether we are using methods and terms that they understand.

To achieve competence and success the nurse requires practice. She can learn from observing others. She must be willing to carry on a continuous process of self-evaluation and have a sincere desire to improve. The best teacher always finds room for improvement.

Teaching in the Community

The results of research and contacts with several nursing organizations in a large urban area serve to emphasize the unlimited opportunities there are for nurses to do health teaching. One finds that nurses are constantly approaching groups, but there is so little publicity or fanfare about their work that we are ignorant of it. We tend, then, to form the opinion that very little is being done.

How are groups being approached? One finds nurses very active in teaching or supervising the health teaching for organized groups which require prospective members to have some health information before full-fledged membership is granted, for example, the Girl Guides and Boy Scouts. Certain adults such as applicants to the Junior League, require some knowledge about community health. They usually request a health organization for nurses to address them.

Such groups tend to have a well-defined outline that must be followed. Generally speaking the groups are quite homogeneous and their members share common interests. Their needs, therefore, are relatively easy to satisfy.

There are certain well-known organizations in all large urban centers that offer a variety of courses or classes to the public. Such courses often include general information for the promotion of health and the prevention of disease. A course outline is frequently suggested and the nurses who do the teaching can use it to guide them. Such outlines are valuable and even necessary in directing the nurse's teaching. However, they should serve as a guide only — there should always be room for adaptation to the needs of individual groups. It is impossible to do good teaching and meet the needs of a group when there is little or no flexibility in the program.

The Red Cross Society and the St. John Ambulance Association both give courses in home nursing. Many church organizations offer classes for young couples who are contemplating marriage. Other organizations frequently turn to nurses to act as leaders in dis-

cussion groups with parents, students.

The main problem for the agencies is in securing nurses to do the teaching, since they depend entirely on nurses who volunteer their services. Relatively few nurses seem willing to give their time after the close of their regular work day. Yet the experience and satisfaction derived from such volunteer work are stimulating and rewarding.

It is rather difficult to understand and to accept the fact that so few nurses are willing to offer a few hours each year. As a result, publicity must be kept at a minimum for many classes, and waiting lists are always long. Nurses who do offer their services, from time to time, are answering a great need. They play an important role in improving the health of Canadians.

Nurses employed by official and voluntary health agencies have countless opportunities to do group teaching. This may be a single talk to a particular group or may involve a whole series of classes set up for a specific purpose.

Nurses participate in the teaching of general good health principles and also specific topics such as infant and child care to groups of girls at the high school level. These classes are given at the request of, and in cooperation with, the school's home economics program.

Occasionally nurses are invited to speak at Home and School Association meetings. Ladies' auxiliaries, service clubs, and community centres also call upon nurses to address them. Other groups seek information concerning specific health problems such as cancer, rehabilitation, cerebral palsy or other topics of particular interest to them.

Nurses, in cooperation with the management in many industries, help organize classes and participate in teaching employees. In industry this is usually done by bringing together for discussion, groups of employees who need information concerning a particular health problem.

The general feeling in a variety of organizations is that the teaching that best meets the needs of the people we serve, is incidental teaching — that done with small groups when some incident presents an opportune moment. In answering a need and supplying information at such times as interest is aroused, we are applying the two most important principles of teaching:

1. To begin where the needs and the interests are
2. to guide the learning process forward in such a way that the learner realizes the importance of the nurse's advice, thus creating a real desire to improve himself and his surroundings.

We form small groups daily as we execute our various duties in clinics, elementary and high schools, industry and during home visits. The alert nurse makes good use of every opportunity to do health teaching with such small groups.

Group teaching by nurses in a large urban area is rather fluid and intangible. It is impossible to assess adequately the amount that is actually done. Visits to various nursing organizations and interviews with numerous nurses in the public health field reassure one that work with groups is assuming increasing importance. Nurses realize that people in small groups can support and stimulate one another as they consider their joint health interests. They rarely realize the influence they exert upon the thinking of people in every walk of life. Public health nurses, through their various services, have access to many homes. Here they may plant seeds of understanding. Good public relations, or perhaps we should call them human relations, are a prerequisite. The awakening of an interest in health stems from sound teaching done in the home. This leads to the formation of community groups that are interested in acquiring more information about health.

Group teaching is very interesting. However, we must be cautious and constantly evaluate what we are doing. In a recent report, the World Health Organization makes a statement that is worth pondering:

> Health education is not merely health propaganda or instruction. It aims at enabling the learner to make his own choices and decisions about health matters.

All of our teaching, whether it is done with individuals or groups, should aim at supplying information that will stimulate the learner to favorable reactions and motivate a change in his or her habits.

NURSING PROFILES

The International Council of Nurses recently reported two important staff changes. **Susan King-Hall,** editor of the *International Nursing Review* since June, 1957 has accepted an appointment in Geneva as executive secretary to the International Union for Health Education of the Public. **Yvonne Schroeder,** assistant to the director of the Florence Nightingale Education Division since 1958, and, prior to that, research assistant to the FNIF resigned recently to be married. Her new home will be in Australia. Both of these people have been capable and very valuable members of ICN executive staff. While congratulations are very much in order; the difficulty that will be experienced in replacing them is appreciated and is a tribute to them.

The American Journal of Nursing welcomed its new executive director, **Lucy Doman Germain,** in August of last year. Canadian nurses will be interested to know that Miss Germain was born in Petrolia, Ontario and completed senior matriculation in Canada before going to Farrand Training School for Nurses, now Harper Hospital, Detroit, Michigan. Later she obtained her Bachelor of Science in nursing and teaching in schools of nursing from Teachers College, Columbia University and her Master's degree in vocational education and guidance from the University of Michigan.

LUCY GERMAIN

Her present appointment was very much like a homecoming for Miss Germain. During the years 1940-46 she had worked with the AJN as field representative and was already familiar with many phases of its operation. Her keen interest in professional activities at local, state and national levels has given her a comprehensive grasp of nursing affairs and made her a valuable member of many committees.

Her interest in matters other than nursing is evidenced by her membership in Soroptomist International and, before moving to New York City, in The Women's City Club of Detroit and the Inter-Group Council for Women as Public Policy Makers. A warm welcome is extended to her from across the border.

PEGGY PIKE

A FEW MONTHS AGO the Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal established a nursing research department and appointed **Peggy C. Pike** to direct activities. Miss Pike has been a staff member since 1946, first as evening and night supervisor, and then as nursing instructor 1948-59.

A graduate of the Vancouver General Hospital, and a native British Columbian, she served with the RCAMC 1945-46 on active duty. She is presently a Captain (Matron) in the RCAMC Reserve. In 1948, she obtained her diploma in teaching and supervision in psychiatric nursing from McGill University. More recently Miss Pike

participated in a short course of study at the National Training Laboratory of Group Development, Bethel, Maine.

As treasurer of the Montreal branch of her alumnae association, corresponding secretary for No. 1 Battalion RCAMC, Montreal, and, until recently, consultant to the Nursing Service committee, ANPQ, a considerable proportion of her leisure is devoted to the duties involved in these offices. Reading and collecting the craftwork of American Indians are favorite hobbies, but her enthusiasm for travel far exceeds both of these.

Our sincere congratulations are extended to her. Her appointment is a happy choice. Long association with the Institute has given an intimate knowledge of the program of care offered and the philosophy basic to it as well as understanding of mental illness and the problems, nursing and medical, involved in treatment. Through the work of her department she will be putting into practise the conviction that research in nursing problems is most effective when done by nurses.

Prince Edward Island is anticipating the opening of its new Central School for Nursing Assistants at Riverside Hospital, Charlottetown. **Jean Dunning,** who was recently appointed director of the school, is busily engaged in organizing the program and completing arrangements for the admission of her first class of students.

A graduate of Montreal's Royal Victoria Hospital, she obtained her certificate from McGill University in administration in schools of nursing and has led a very busy professional life. She is a former secretary-

JEAN DUNNING

registrar of the Registered Nurses' Association of Nova Scotia. She has been assistant director and acting director of nurses, Sherbrooke Hospital, Sherbrooke, P.Q.; director of nursing, Lachine General Hospital, P.Q.; a V.O.N. district nurse; and more recently a staff member of her home hospital in a supervisory capacity. Her past experiences also include private nursing in Lima, Peru.

The Central School will offer a one-year course of instruction with a 12-week preclinical period conducted at the Shool, 24 weeks of supervised clinical experience in the general hospitals that have schools of nursing and 12 weeks of practice in Riverside Hospital which offers psychiatric care. The final month will be devoted to review classes and qualifying examinations for licensure.

Writing a Report

1. *Who will read it?* A report is not a literary effort. Its purpose is to communicate facts, ideas and opinions. Outline the points before writing.

2. *Get attention quickly:* State the purpose in a few words, itemize and then deal with the facts.

3. *Make it objective:* People want to know what we know; let the report sell itself.

4. *Practise restraint:* Be conservative, avoid extravagant statements, unless supported by facts.

5. *Spell it out:* Avoid making your reader research. List facts in 1-2-3 order set off with headings.

6. *Break it up:* Keep paragraphs short. Indent and underscore important points.

7. *Finish it off:* Conclude report with brief summary of points and/or recommendations.

— A.I.P.E. *News*

* * *

Shelburne, N.S. is full of cairns and commemorative tablets. It boasts an antique fire engine, built in England in 1756, and said to be the only one of its kind in Canada.

— DOROTHY DUNCAN

The Lore of Nova Scotia

PETER O'BRIEN

For those of us who will be visiting Nova Scotia for the first time during the convention many interesting spots await us. This brief review of the lore of the province will serve as an excellent background for such visits.

The Province of Nova Scotia, once known as Acadia, is renowned for its picturesque coastline, island-dotted harbors, beautiful valleys and lakes.

Tradition has it that more than nine centuries ago the Norsemen landed on this peninsula and named it Markland. Five years after the voyage of Columbus, John Cabot, under authority of letters patent issued by King Henry VII of England, crossed the Atlantic and on June 24, 1497, planted the British flag on the northeastern point of Cape Breton Island, Nova Scotia.

Nova Scotia is 374 miles long and 60 to 100 miles wide, with an area of 21,068 square miles. Excepting for the Isthmus of Chignecto, 17.5 miles wide, which connects Nova Scotia to New Brunswick, the province is entirely surrounded by water. Thus there are few sudden changes and extremes of temperature. The highest temperature at Halifax is seldom over 85°. It has 4,625 miles of coastline. The surface of the country is undulating, though not mountainous, the highest ridge being under 1,800 feet in height. Cape Breton is much more rugged.

There is ample opportunity for many kinds of outdoor sports, including golf, tennis, baseball, canoeing, boating, yachting, horseback riding, surf-bathing, sport fishing, deep-sea fishing, big-game hunting, bird shooting. There are 314 trout and salmon streams and 516 trout lakes either adjacent to, or within reach of, the roads and highways in the province.

The 15,221 miles of highways in Nova Scotia are under the direct care and supervision of the provincial government. The population of Nova Scotia is more than 715,000, 77 per cent being of British descent, and 12 per cent of French descent. Education is free, uniform and compulsory. The principal industries are agriculture, fishing, mining, lumbering and manufacturing.

Nova Scotia was settled by five races, the French, the English, the Irish, the Hanoverians and the Scottish. These different races have preserved many of their characteristics, retaining their languages and customs to some extent.

The first attempt at settlement of Nova Scotia was made by Baron de Lery, of France, in 1518. Beyond leaving some livestock at Canso, his trip was a complete failure. On March 7, 1604, Pierre du Guast Sieur de Monts, sailed from France to colonize Nova Scotia. After much exploring he finally established the first permanent settlement of Europeans north of the Gulf of Mexico at Port Royal, near Annapolis in 1605. He was accompanied by Samuel de Champlain who instituted his famous Order of the Good Time, the first social club in America, the following winter.

In 1632, forty families of French farmers from the west coast of France, a country of dyked marshes, came to the province. Soon they were moving to the marshes of the new land which they named "Acadia." The natural increase in numbers was considerable. In 1755, the majority, then known as "Acadians", were deported to Louisiana because of their hostility to the British. Thousands remained, however, and others made their way back during the next decade. Today their descendants form a considerable part of the population. They live together in distinctive Acadian settlements.

The first British attempt at the settlement of Nova Scotia was made in 1621 when King James the First of England and Sixth of Scotland granted the province to Sir William Alexander, a Scottish gentleman. An outgrowth

Mr. O'Brien is with the Nova Scotia Information Service, Halifax, N.S.

of this undertaking was the creation of a Scottish Order of Knighthood, known as the Baronets of Nova Scotia. The Order was conferred upon 140 persons, each of whom was granted a baronetcy of four by six miles in Nova Scotia. The title is still inherited in many Scottish families.

King James named Nova Scotia "The Royal Province" and in 1625 a Royal Coat of Arms was granted, from which was derived the present day Nova Scotia flag. Nova Scotia has the proud distinction of being the first province of Canada and the first colony of Great Britain to possess a flag of its own. For more than a century France and Great Britain disputed ownership of this territory, but in 1763 the British were confirmed in their possession.

In 1753, 2,000 Protestant Hanoverians from the Palatinate and upper Rhine founded the town and county of Lunenberg and proved themselves industrious workers and fine shipbuilders. Nearly 170 years later their descendants built the champion schooner, "Bluenose," which defeated all competitors. These descendants retain a dialect soon noticed by the visitor.

Alexander McNutt, the Irish visionary, hoped to make a fortune by bringing Irish immigrants to Nova Scotia. He brought several shiploads during the latter part of the 18th century, but few families stayed in any district he selected for them. Colchester County, however, was largely Irish in the beginning, and a considerable number of Irish settled in Halifax.

As many as 22 shiploads of New England planters arrived in one day during 1760, when English settlers from New England moved in to take over lands the Acadians had vacated. Within seven years 7,000 of these planters had settled in the province, largely in the Annapolis Valley. Eleven shiploads of Yorkshiremen came during the 1770's, settling in Cumberland County, where descendents remain throughout the farming areas.

After the American Revolution, 25,000 Loyalists arrived, 10,000 of them founding the town of Shelburne.

After the turn of the century the movement of Highland Scottish settlers began, lasting more than 30 years. During that period nearly 50,000 Highland Scots settled in Cape Breton Island and in the mainland counties of Antigonish and Pictou. They clung to their language and traditions and their descendants still take pride in the Gaelic and the kilt. Nova Scotia has the only Gaelic College on this continent and the clan gatherings, highland games and Gaelic Mod are famous.

In the Good Old Days

(*The Canadian Nurse* — MAY, 1920)

International Health Agency — An International Health Agency is soon to be established, under the League of Nations, which will coordinate and strengthen the health work of all nations. The reporting of disease and the maintenance of an international quarantine will be especially dealt with. Typhus seems to be increasing, so that there is great danger of an epidemic spreading over Europe and to this country, if it is not checked. Bubonic plague is also a danger.

* * *

Woman's Day — Women are to be admitted as Fellows of the Royal College of Surgeons, Edinburgh. In England they act as magistrates and serve on juries. A woman is a member of Parliament, four women are qualifying for admission to the Bar. The latter are all young and attractive. One of them, a Mrs. Thomson, said at a legal banquet, "If we are instructed to wear wigs we shall do our best to adapt our back hair to the correct shape of wig." The Lord Chancellor said, "Hear, hear!" A Miss Maud Royden has been pulpit assistant with Dr. Percy Dearmer in Sunday fellowship services on new lines, to appeal to people who do not go to church. We have our "rights" how about our corresponding duties?

* * *

Enfranchised Women — The Belgian Chamber of Deputies has voted in favor of giving women 21 years of age the vote. Mrs. Pothnis Smit, a Socialist, has been elected to the Upper House of the Dutch Parliament. She is the first woman member.

U.N.B.'s School of Nursing

KATHERINE MACLAGGAN, M.A.

Nursing education is taking a "giant step," thanks to the philosophy and objectives of New Brunswick's new school.

THINGS have been happening in nursing circles in New Brunswick because the leadership of the past dozen years has been superimposed upon the course of natural events. The New Brunswick Association of Registered Nurses, through its Executive Council, through its standing and special committees, by its almost obsessive co-operation with existing institutions, with educators, doctors and laymen, seized and directed and to a degree fermented these natural events which are resulting in desired change.

One can pinpoint such tangible changes as the establishment of the new School of Nursing at the University of New Brunswick in 1958; but elusive things such as positive attitudes, objective thinking and patient determination are not so easily pigeonholed in time and place. That these elusive things engender and generate the power necessary to action we have learned well. And what a comfort it is to know that financial support succeeded rather than preceded such action!

Because its roots are in the nursing needs of the present day, one cannot isolate the story of the establishment of U.N.B.'s School of Nursing from the soil in which it developed. Nor would one hope to analyze all the ingredients which nurtured it. Such printed words as the Weir Report of 30 years ago, the Report of the Health Survey of the Province of New Brunswick and the Wright Report of 1951, the Russell Report of 1956 exerted their influence. The advisory Committee on Nursing in New Brunswick (first formed of laymen and nurses in 1948 and still active), the public conferences and the private conferences, the organized meetings and the unorganized meetings, the conflict and the consensus kept nursing and its case viable. And always, the sometimes nurse and sometimes layman leadership in this inexorable series of events managed, with varying degrees of heartening skill and ridiculous error, to maintain a delicate balance between the presentation of ideas and their rate of implementation.

Eventually, the thought that the University of New Brunswick should search for a form of nursing education which would best serve both the profession and the people was not a strange one, but rather a sensible one. With the acceptance of this thought came the magic of the W.K. Kellogg Foundation Grant to the university for the purpose of establishing a school of nursing that would evolve an academic and professional curriculum for undergraduate students of nursing and that would undertake, by itself or in co-operation with others, to give all reasonable aid to nursing education, generally, in the province.

Since the best of magic has an earthy explanation, it goes without saying that the formal and detailed request to the Kellogg Foundation was documented with care by the University. In due course but not necessarily in sequential order there arrived a faculty of four nurse educators, a building in which to house the school, some furniture, some books, some equipment (through a federal-provincial grant from the Department of Health) and fifteen students. And we were in business.

A detailed exposition of curriculum, sequence of courses and course content, working relationships with hospitals and public health agencies must wait for a more appropriate time in the pages of this *Journal*. In the meantime, a statement on the beliefs about nursing education, epitomizing the work of the new faculty and the students, is in order.

We believe that ministering to basic human needs, within the framework of

Miss MacLaggan is Director and Professor of Nursing, School of Nursing, University of New Brunswick, Fredericton, New Brunswick.

a specific culture, is the core of nursing practice, regardless of the degree of health portrayed by the individual or group. Since nursing is a service performed by individuals for individuals and groups on a personal basis, we believe that its practice is closer to applied social science than it is to applied physical science. At the same time we believe that nursing knowledge is a synthesis of the social and the physical sciences, together with its own body of knowledge and skills. We believe that nursing knowledge, enveloped in as broad a general education as possible, should be demonstrated through the application of principles rather than through "this is how to do it" techniques. For this reason, the accent in our program is on content rather than on method.

We believe that much of our social legislation has yet to reveal its true impact on nursing. To see the impact in terms of quantity, without at the same time appreciating the impact on quality in terms of the nursing role itself, would be an error of giant size. The provision in our Hospital Care Insurance Act of "necessary nursing service" for every patient in our hospitals is a case in point. What is "necessary" will long be debated by doctors and nurses and patients, but in the long run nurses will, in our opinion, direct and administer as well as provide the nursing service deemed by them to be necessary. More than ever before, our legislation which "socialized" nursing has brought home the point that nursing, at least at the upper echelons of its practice, must move from the technical service role to the social service role.

The present struggle, going on everywhere in Canada, is in essence the struggle of any group which is being forced by society to change from a technical occupation to a professional one. We believe that such a transition can be achieved through education and that the university is the proper milieu for this education.

While an increasingly large number of those who nurse for hire must be professional nurses, we believe that technical nurses are essential to the nursing service of the community and must be well trained. In searching out ways and means of separating education from service, we believe that a pattern of replacement for the present system is urgently needed.

Keeping forever sacred the historical association of nursing with the medical profession in terms of medical diagnosis and medical treatment, we believe that nursing is in a position to identify and to meet needs not easily recognized or easily assumed by other health disciplines. With better education, it is our opinion that additional new functions, not impinging upon medical diagnosis *per se*, will be assumed in a natural and sensible fashion.

So long as the need for nursing is universal and the nursing service is unrestricted by considerations of nationality, race, creed, color, politics, or social status, we believe that the professional nurse can move safely and productively on such a sociological tightrope only if she possesses a broad general education.

We believe that the function of the professional nurse has its mainspring in principles which require knowledge gained from the humanities, the biological, the physical and the social sciences.

Clothed in such a background, our objective can be simply stated, as follows:

> To move the practice of nursing from the technical level to the professional level for a selected group of young people who are motivated to become nurses and who have the ability to achieve professionalism.

We propose to do this by:

> Making the humanities and the biollogical, physical and social sciences an integral part of professional education in nursing;
>
> presenting the theory of nursing at the university level of study in order to foster an intellectual approach as opposed to a technical approach to nursing content;
>
> using the clinical facilities of the hospitals and of the public health agencies so that the student absorbs, interprets and learns from the vast amount of material available;
>
> freeing the student from the service needs of the hospital or agency in order to devote her time and energy to learning;
>
> organizing the curriculum so that the study of nursing and the arts and

sciences will run concurrently, in the hope that one will have its impact on the other;

qualifying our students for beginning positions in the nursing field;

qualifying our students for registration in the province of New Brunswick;

qualifying our students for admission to graduate work in the nursing specialities.

Some day, several years from now, we will be asking the consumers what they think of the products of our educational program. In the meantime, we as a faculty shall not hesitate to exercise our right to change our pattern at the first hint of error.

Less nebulous than our few months old undergraduate program is what we self-consciously call our *continuing education program*. In essence, this is an adult education effort, designed to upgrade the nursing service in patient care and to ensure clinical practice worthy of demonstration to students of nursing.

The University of New Brunswick inherited, as it were, this well-constructed program from the New Brunswick Association of Registered Nurses. The faculty of our school, together with imports from other parts of Canada and from the United States, act as consultants in the various nursing specialities. Through the media of institutes, refresher courses, work conferences, correspondence with and follow-up visits upon request to hospitals, and this July and August, our first summer school for graduate nurses, we reach a great many members of the nursing force of the province. Most of the offerings have been open to nurses from the Atlantic Region, although nurses are welcome regardless of their place of residence.

An Advisory Committee, composed of nurse representatives from the New Brunswick Association of Registered Nurses, the Department of Health and Social Services and the Hospital Services Commission of the province help the faculty of the School of Nursing to design the content of the continuing education program. Our few months' worth of satisfying effort, as seen in the attendance at some phase of the program of over 630 nurses, or approximately ⅓ of the active membership of the NBARN, is due largely to the work and insight of our Advisory Committee.

The object of the Advisory Committee and the School of Nursing is to plan the total program so that every phase of nursing practice is served. Directors of nursing and nurse educators participated in a conference on planning the budget and the rotation of students in hospital schools of nursing. Invited for one session were hospital administrators, board members, Hospital Services Commission executives, and all other appropriate people. This type of thing is done in the interest of keeping the people with a vested interest in nursing with us. These same people, so important to the good health of nursing, have been invited to attend one session of the week-long conference on "planning schools of nursing of the future" currently projected.

The institute on the maternity cycle — planning for the continuity of care for the mother and child was blueprinted for public health nurses and obstetrical and pediatric nurses in hospitals. Incorporating the sciences into the curriculum of schools of nursing is a continuation of last year's effort on curriculum development for teachers in schools of nursing.

Our first venture into a six weeks' summer school is on ward administration, and is offered to those who wish to have some preparation in the administration of the nursing service.

The one week refresher course on the physiology of patient care, held consecutively in five centres in the province, drew 550 nurses from every type of nursing occupation — surely tangible evidence of the willingness of our nurses to identify with Kathleen Russell's advice in her Report of a Study of Nursing Education in New Brunswick.

Lower Granville, N.S., is the oldest permanent white settlement north of the Gulf of Mexico. An exact replica of Champlain's original habitation, built in 1605, stands on the site of the first buildings.

— Dorothy Duncan

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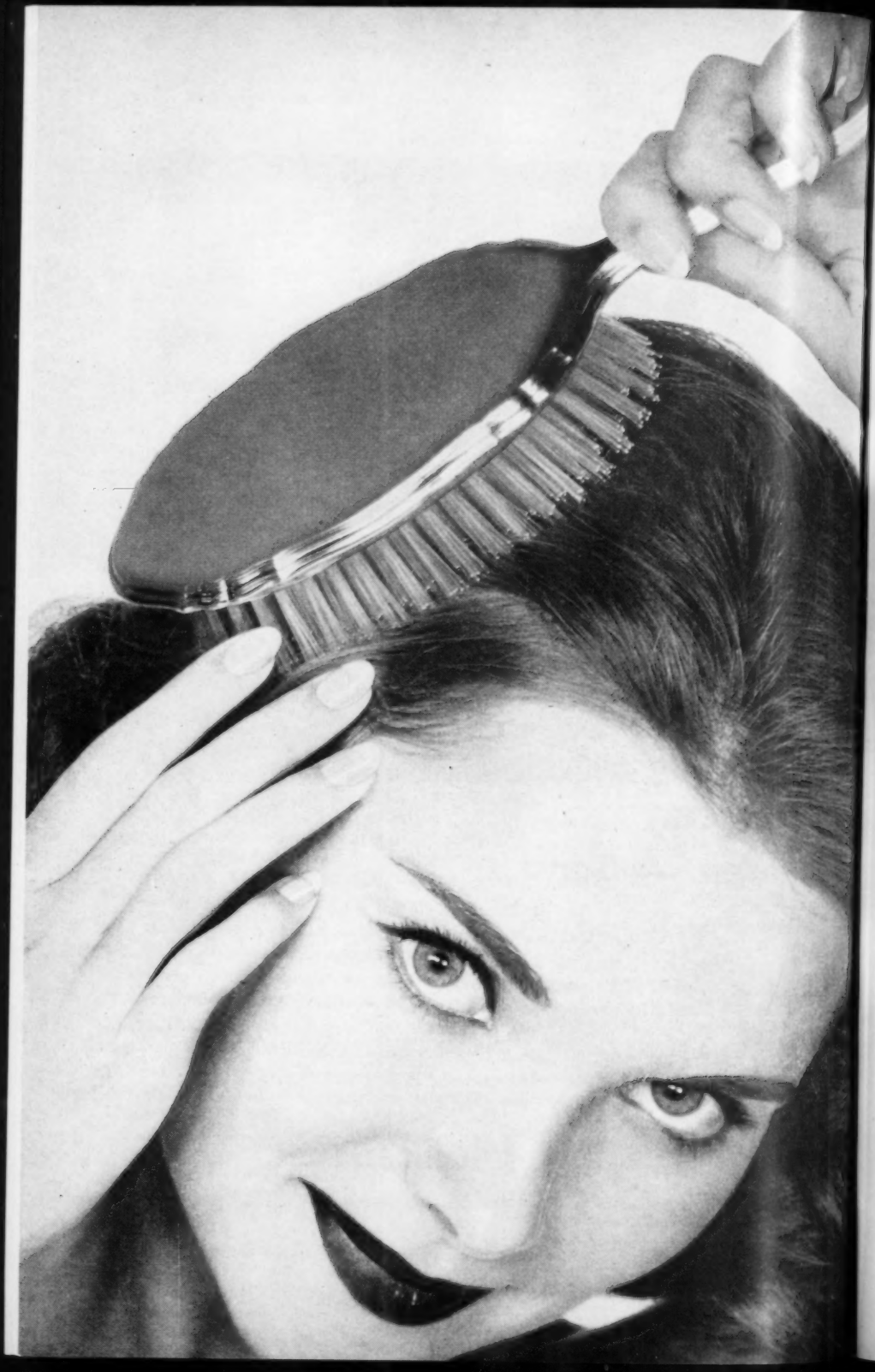

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- ☐ 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- ☐ 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- ☐ 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- ☐ 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

Your Name and Address

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Our Executive Meets

By the time this issue of *The Canadian Nurse* appears, the Capital will be a tulip wonderland. As this was written, a state of emergency had been declared in Ottawa as the city was battered by 17 hours of driving wind and snow. Buses were late, taxis refused to run. Parked vehicles were trapped and all but buried in the choking drifts that climbed high against every obstacle in the path of the windborne snow. The Executive Committee was meeting at the Chateau Laurier where most of the members were staying. National Office staff battled the elements to reach the hotel. Some were successful!

Pilot Project Report

The results of a two-year study project representing the most exhaustive enquiry into Canadian nursing education in 32 years was presented to the Executive Committee. The report was presented by Miss HELEN K. MUSSALLEM who directed the study. The recommendations will be presented to the general membership at the Canadian Nurses' Association Biennial meeting in Halifax. Miss Mussallem was given an overwhelming ovation at the conclusion of the presentation of the report. She was later interviewed by the press, a local radio station and on television by the CBC. Numerous press clippings were received in National Office from across Canada.

The report is being printed in both French and English. Requests for copies should be directed to: **Canadian Nurses' Association, 74 Stanley Avenue, Ottawa.**

Other Highlights of the Executive Meeting

National Office staff had the opportunity at this time of entertaining the Executive and local health and welfare personnel at a buffet supper in our new office.

Nursing Service

Included in the report of the Committee on Nursing Service was a draft of a manual — "A Guide for Head Nurses in Hospitals." It is hoped that the manual will be valuable to the head nurse in helping her to understand her responsibilities, to improve her methods, and to comprehend and apply sound principles of administration so that the best possible nursing care may be provided. It should also help her associates understand and appreciate her role.

The Executive Committee approved the printing of the manual. It is hoped that it will be ready for distribution at a nominal charge at the Biennial Meeting in June.

Two statements prepared by the Committee on Nursing Service, one on Job Satisfaction, the other on the Implications for Nursing in Organized Home Care Plans were also approved. These will be prepared in pamphlet form and made available for distribution.

The need for a study of quality of nursing care and for a statement of criteria for the evaluation of nursing care was discussed and it was agreed that the CNA should initiate such a study.

Nursing Education:

The report of the Committee on Nursing Education included a review of the Curriculum Workshop that was held in conjunction with the meeting of that Committee last November. The papers presented at the Workshop by Miss FLORENCE ELLIOTT, coordinator, contained much valuable and stimul-

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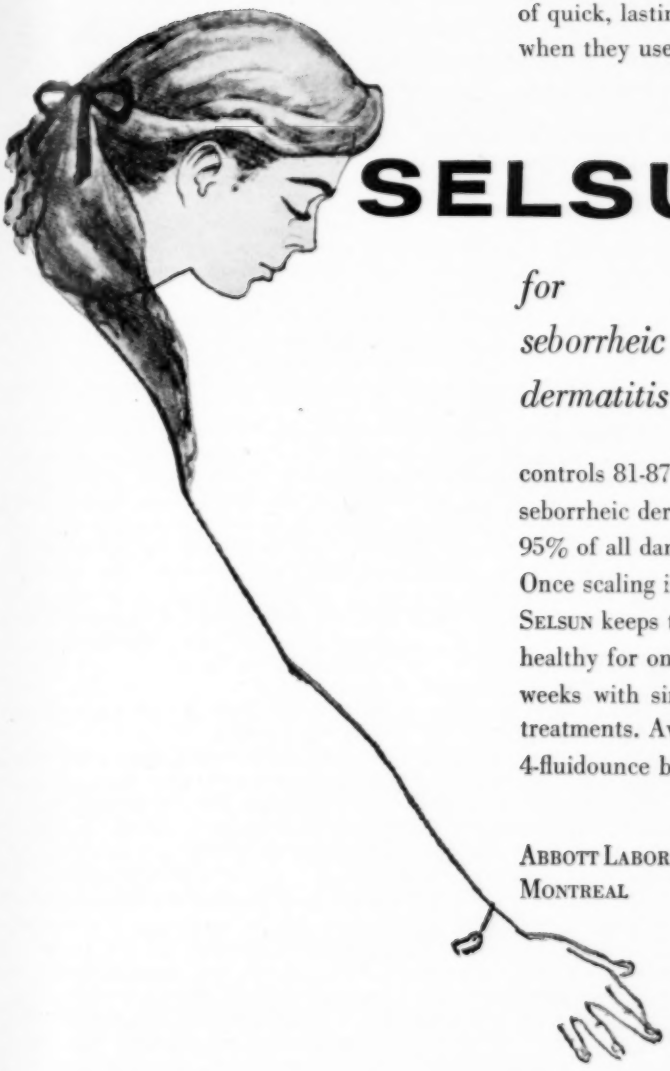

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ating material. They will be published later in *The Canadian Nurse.*

Miss HAZEL KEELER, chairman, discussed the findings of a survey carried out by her Committee last September. It was interesting to note that the findings of this survey, closely paralleled the findings of the Pilot Project for Evaluation of Schools of Nursing.

Public Relations:

The scripts prepared by the Public Relations Committee for two new nurse recruitment pamphlets were approved. They will be developed for distribution in the near future.

The Provincial Associations

The Registered Nurses' Associations of British Columbia, Saskatchewan, Alberta and New Brunswick are holding their annual meetings this month.

Faith

National Office is a hubbub of activity with the final preparations for the 30th Biennial Meeting in Halifax. Have you registered? There is still time. Avoid the crush of crowds at the registration desk. Fill in your application forms that were included in last month's issue, make out your cheque, and mail it straight away. The nurses responsible for arrangements will see that you are well taken care of.

Business Firms Assist CNA

Once again the T. Eaton Company Limited is providing the attractive programs for the CNA General Meeting. The cut for the cover, showing the Old Town Clock at the foot of Citadel Hill, was provided by the Tourist and Convention Bureau of Nova Scotia.

Post-Convention Tours

Jet travel . . . interested?

In these days of fast, luxurious air service, distance doesn't matter any more. Europe is within easy reach of anywhere. And once there, you can forget your worries and your eyes will be opened . . . . . .

See how others live, work and play. Leave London 2:10 p.m., arrive at Montreal 5:20 p.m. . . . same day.

There are still a few openings for the 36-day tour following the 30th Biennial Meeting in Halifax.

Brochures available at CNA National Office, 74 Stanley Avenue, Ottawa.

Local Tours

Bermuda-bound nurses or those interested in a New York fling following the convention may obtain all pertinent information and make reservations by contacting MR. R.F. CUMMINGS, Assistant General Manager, **Thos. Cook and Sons, Dominion Square Building, 1241 Peel St., Montreal, P.Q.**

St. Pierre and Miquelon, French islands in Atlantic water with many commodities from France, can be reached by air or boat in a very short time with an interesting stop-over of two days.

Newfoundland, Canada's youngest province, steeped in tradition, provides unusual attractions and comfortable accommodations.

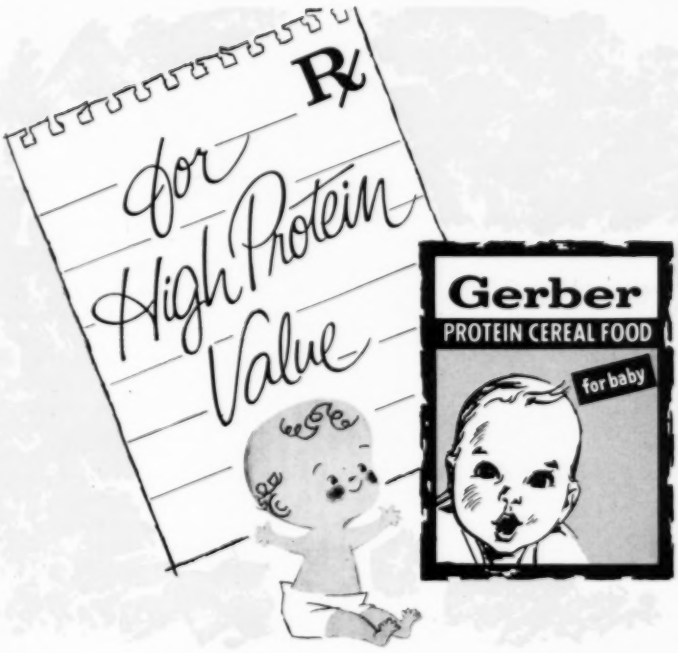
For detailed information and specific arrangements contact: MR. ROY BOWMAN, Manager, Maritime Travel Service, **76 Granville St., Halifax, Nova Scotia.**

Tours can be arranged for any one of the Maritime Provinces: Nova Scotia, New Brunswick and Prince Edward Island each with their own unique charm and beauty, or can be planned to include the most interesting features of each province. For information and specific planning contact: MR. DAN WALLACE, Manager, Provincial Tourist Bureau, **Hollis Street, Halifax, Nova Scotia.**

Notes from The Royal College of Nursing, London

It was with great pleasure that the Council received the news that a World Health Organization travelling scholarship had been awarded to Miss MARGARET D. STEWART, secretary to the Scottish Board. Miss Stewart is to spend two months in Canada and United States studying professional nursing organization activity.

Research is indispensable for the advancement of any profession, and for a long time the Council of the Royal College of Nursing has been aware of the need to promote research into nursing. It is recognized that research is a proper function of a professional association, and for this reason the proposal to form a nursing research board or committee of the Royal College of Nursing was agreed to in prin-



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ciple five years ago. Although this proposal has not been implemented, it has nevertheless been kept constantly under review. The Council now feels that the time has come when the Royal College of Nursing must give a lead to the profession in the matter of nursing research. It has formally decided to set up a nursing research body within the College. The purpose of this Board will be to advise the Council on all research matters.

International Essay Competition

Nurses from 15 countries were among the finalists in the International Essay Competition organized by the Ethics of Nursing Committee of the International Council of Nurses.

The international panel of judges decided to divide the first prize in both sections of the competition. The winners they chose were: Miss GERTRUDE H. SWABY, a sister tutor in Jamaica, and Miss ARNOLD LANCASTER, a sister tutor in Scotland, for their essays in the first section — "The International Code of Nursing Ethics: how it can be brought into nursing schools, and ways and means of integrating teaching so that ethics may be included in all nursing subjects." In the second section, in which competitors were invited to write on one of the ICN "Watchwords," the joint winners were: Miss KAREN PEDERSEN, a head nurse in Denmark, who wrote on "Life," and Miss P. W. REDMAN, now a Deputy Matron in England, whose subject was "Responsibility."

In addition, the judges made honorable mention of Miss HELEN CAMPBELL, of New Zealand, for her essay in Section I, and SCHWESTER ELFRIEDE HELDT, of Germany, for her essay on "Wisdom," entered for Section II.

The essays entered for the competition were first considered by a national committee, which was set up by each national nurses' association to select not more than one essay in each section for consideration by the international panel of judges.

The joint prizewinners each received £12 10s. and a free subscription for two years to the *International Nursing Review*, now to be published six times a year at an annual subscription of 30 shillings sterling, and containing articles in English, French, German and Spanish. The winning essays in Section I have been published in the February 1960 issue, and those in Section II in the April 1960 issue.

MACMILLAN AWARD WINNERS

When the six widely scattered judges returned their reports to the *Journal* office respecting the studies on comprehensive nursing care submitted by student nurses during 1959, the city of Edmonton could claim a sweep of the cash awards. The topics chosen for the articles showed considerable variety. The quality of writing was unusually high. We congratulate the winners not only of the cash awards but also those who secured Honorable Mention. These six articles will be published in the July, 1960 issue so that every nurse may see if her opinion coincides with the judges.

Awards of $25 each to:

Miss Rosemarie Perka, Edmonton General Hospital, Edmonton, Alta.

Miss Emiko Adachi, University of Alberta Hospital, Edmonton, Alta.

Honorable Mention (alphabetical order):

Miss Kathleen A. Doonan, Hotel Dieu of St. Joseph, Windsor, Ont. Miss Mona Eisenstat, Jewish General Hospital, Montreal, Que. Miss Carole Eldridge, Royal Columbian Hospital, New Westminster, B.C. Miss J. Kuriatnyk, Edmonton General Hospital, Edmonton, Alta.

These awards are sponsored annually by the Macmillan Company of Canada, Ltd., 70 Bond Street, Toronto. Instructors are urged to encourage their students to participate in the 1960 competition by polishing up good nursing care studies and submitting them to the *Journal* office, **1522 Sherbrooke Street West, Montreal 25, Quebec.**

There are 100-year-old wells in the middle of several streets in **Shelburne, N.S.,** which still provide good water.

— DOROTHY DUNCAN

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THEME: — *"Faith"*

The Nova Scotian Hotel, Halifax, Canada

June 19 - 24, 1960

Sunday - June 19th

Registration ..... 10:00 a.m. - 3:00 p.m.

Church Services
Protestant — St. Paul's Cathedral .....
by the Grand Parade on Barrington Street
Roman Catholic — St. Mary's Cathedral (Special Mass)
Spring Garden Road

Monday - June 20th

MORNING

Miss Alice Girard, President of the CNA, presiding
Invocation .....
Official Opening ..... International, National and Civic Dignitaries
Greetings ..... Miss Alice Sher, Assistant Secretary, I.C.N.
..... Miss Lily M. Turnbull, Regional Nursing Advisor, W.H.O. Western Pacific Regional Office.
..... Mrs. Judith G. Whitaker, Executive Secretary, American Nurses' Association, U.S.A.
..... Miss Lucy D. Germain, Executive Director, American Journal of Nursing Company, U.S.A.
Response to Greetings
Roll Call of Federated Associations
Introduction of representatives of Commercial Exhibitors
Welcome from the Mayor of Halifax ..... Mr. Charles H. Vaughan
Keynote Address

AFTERNOON

The Presidential Address ..... Miss Alice Girard
Finance Committee Report ..... Miss Helen Carpenter
Reports of General Secretary-Treasurer ..... Miss M. Pearl Stiver
Special Student Session

Garden Party

Halifax Public Gardens

5:00 - 7:00 p.m.

Tuesday - June 21st

MORNING

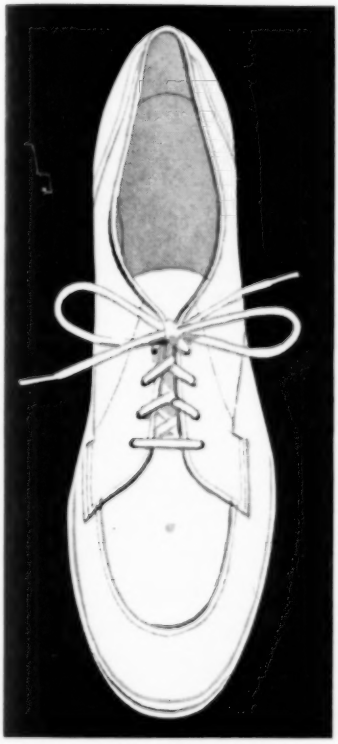
The President presides .....
The Pilot Project on Evaluation of Schools of Nursing
Report ..... Sr. Denise Lefebvre
Report of the Director ..... Miss Helen K. Mussallem
General Discussion .....
Presentation of Recommendations .....
Special Luncheons

AFTERNOON

Special Interest Groups Discussion re: Criteria

EVENING

Special Speaker
Summary of Group Discussions ..... Miss Hazel Keeler



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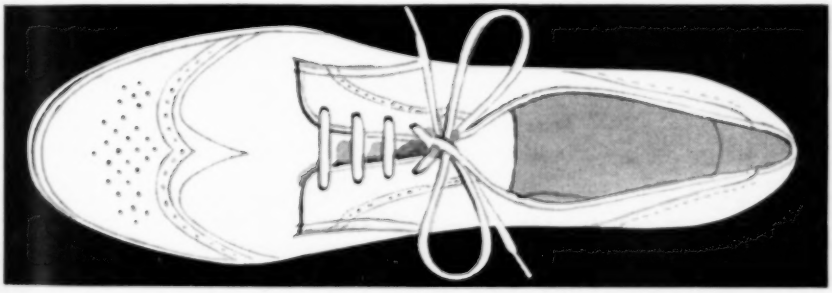

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Thursday - June 23rd

MORNING

President's Conference .....
A presentation of Committee Activities ..... Committee Chairmen

AFTERNOON

"The Impact of Hospital Insurance on Patient Care" .... Minister of Public Health of Nova Scotia

A panel discussion — Implications for Nursing

EVENING

President's Reception for CNA members and guests
Music by Armdale Chorus

Friday - June 24th

MORNING

Press Conference on Nursing Legislation ..... Miss Pearl McIvor, Chairman, Committee on Revision of Constitution and By-Laws, I.C.N.
Miss Lucy D. Germain, Executive Director, American Journal of Nursing Company
Miss Margaret E. Kerr, Executive Director, *The Canadian Nurse*

Voting on Resolutions
Report of Scrutineers

AFTERNOON

Address — "Faith" .....
Conferring of Honorary Memberships .....
Installation of officers .....

Reception — The Nova Scotian Hotel
Guests of
The Registered Nurses' Association of Nova Scotia

The booklet "Heart Disease Caused by Coronary Atherosclerosis" has been completely revised to bring the text and illustrative material up to date. Suitable for distribution to patients, the booklet contains a discussion of heart attacks and the process of recovery, an explanation of the nature and treatment of angina pectoris and a description of the atherosclerotic process. Copies may be obtained from the American Heart Association, 44 East 23rd Street, New York 10, N.Y.

* * *

A collection of sea curiosities, old coins, Indian relics and possessions of some of the first settlers are on display in the museum in the Town Hall, **Bridgewater, N.S.**

— DOROTHY DUNCAN

Injuries during embryonic growth leave a distant imprint in the form of "disturbed growing rings" on a child's baby teeth. This makes it possible to pinpoint the exact time in fetal life when injury occurred. Further research shows that cerebral palsy complicated with athetosis is due to a brain damage of longstanding — the disturbed growth ring on the teeth of a child with cerebral palsy was formed during the fifth month of fetal life. — Squibb *Nurses' Notes*

* * *

Lunenburg, N.S., is the home of the greatest deep-sea fishing fleet in North America. **Blue Rocks,** five miles down the shore, and **The Ovens,** 12 miles away, are both worth a visit, the former having been painted by innumerable artists. — DOROTHY DUNCAN

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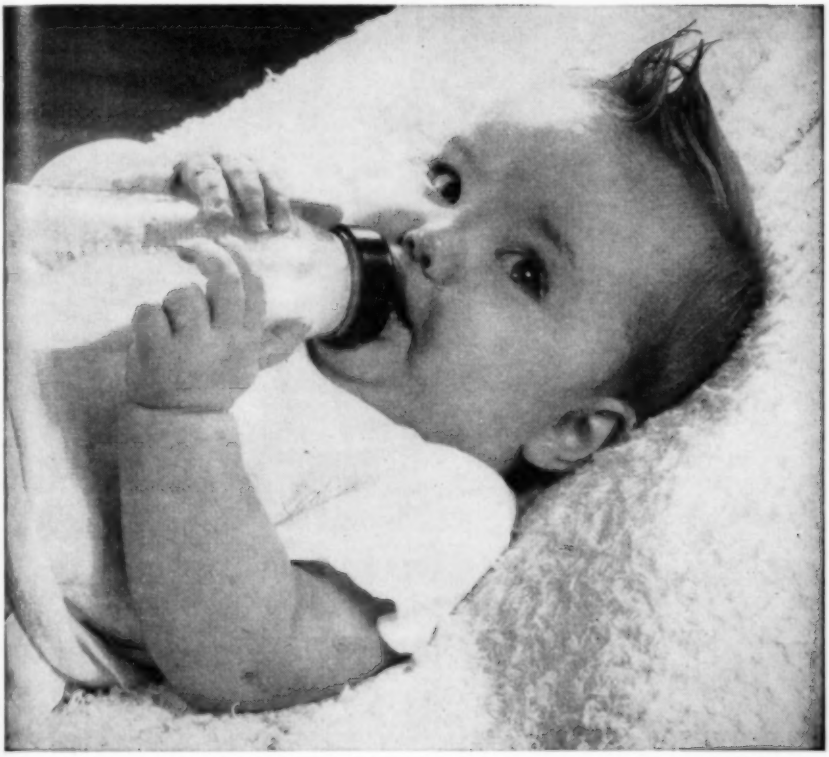

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S - M - A provides *physiological* carbohydrate in the form of lactose in an amount (7%) closely adjusted to the average quantity in human milk.

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First Vice-President:	Miss E. A. Electa MacLennan — by acclamation	Director, School of Nursing, Dalhousie University, Halifax, Nova Scotia. (presently — Second Vice-Pres.)
Second Vice-President:	Miss Hazel Keeler	Director, School of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan. (presently — Second Vice-Pres.)
	Miss Sheila Nixon	Nursing Consultant, Division of Standards, Manitoba Department of Health & Welfare, Winnipeg, Manitoba.
Third Vice-President:	Miss Hazel Keeler	Director, School of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan. (presently — Second Vice-Pres.)
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	Miss Mary Richmond	Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.
	Miss Marguerite E. Schumacher	Advisor to Schools of Nursing, University of Alberta, Edmonton, Alberta.
	Miss Janet Story	Instructor, Medical Nursing, General Hospital, St. John's, Newfoundland.

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Sister Cecile Leclerc.....Director of Nurses, Holy Cross Hospital, Calgary, Alberta.
Sister Mary Loretto.....Administrator, St. Vincent's Hospital, Vancouver, B.C.
Sister Madeleine of Jesus..Director, School of Nursing, University of Ottawa, Ottawa, Ontario.
Sister Mary Melanie.....Superior, St. Mary's Hospital, Montreal, Quebec.
Sister St. Odilon.....Director of Nursing, Misericordia Hospital, Winnipeg, Manitoba.
Sister M. Patricia.....Director of Nursing, St. Joseph's General Hospital, Port Arthur, Ontario.
Sister M. Rosarie.....Educational Director, Holy Family School of Nursing, Prince Albert, Saskatchewan.
Sister Hugh Teresina.....School of Nursing, St. Michael's Hospital, Lethbridge, Alberta.
Sister Mary Xaverius.....Superintendent of Nurses, St. Clare's Mercy Hospital, St. John's, Newfoundland.

Rx for a Delegate

"The convention was good. I didn't get to that closing business meeting because I had to go shopping. We had a good spaghetti dinner, but the banquet was too expensive. Oh yes, as you told me, I voted against the one issue, but, you know, I found out we really should have voted for it. Yes, that's all of my report."

You may think the above is far-fetched, but it is somewhat typical of convention reports in general . . . Just what are the responsibilities of convention delegates?

A nurse, once selected as delegate, should plan on getting to the convention on time and attending all general business meetings. Program meetings, too, are part of a delegate's responsibilities, for when a district sends a delegate, it is really the delegate's obligation to report thoroughly the significant events of the convention.

When delegates attend business meetings, they should listen to the pros and cons of specific issues. Voting is a privilege and delegates should try to vote intelligently on issues. If possible, delegates should be informed on issues and members' views of them before attending the convention but delegates should not be instructed how to vote. If all delegates were instructed before attending a convention there would be little need for a convention, let alone for explanation and discussion of issues.

At the 1958 American Nurses' Association convention, it appeared that some delegates, instructed to vote against a dues increase, became personnally convinced, after discussion, of the need for an increase. What a dilemma! To vote against something, as instructed, even though one is sure the members at home would be in favor if they heard the whole story, or to vote for it, as the delegate believes is right.

Following convention, delegates should . . . go to the next district meeting and report on it. If a district sends several delegates to the convention, they might do well to divide up the reporting so that all will not be describing the same events.

In making such reports, it is well to remember that although the social affairs of the convention might be highly interesting, the business of the convention is what is significant. Therefore, with the inevitable flood of business at a post-convention district meeting, convention reports should be specific and relate to the important aspects of the convention.

Gossiping about the banquet or about the weird or impressive clothes of other delegates may be indulged in at coffee time.

— *Washington State Journal of Nursing*, February 1959.

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Play Therapy and the Nurse

FRANÇOISE MILLER OUELLET, B.Sc., ED. N.

This is the second half of an article which appeared in the April issue.

The Nurse's Role

Play is essential to a child's development. The concept of play as part and parcel of the total plan of nursing care is compatible with this principle. It is the hospital's responsibility to plan for the use of the child's free time.

The program will depend to a large extent on the number and competence of the personnel. The nurse plays an important role and cannot sidestep her responsibility since play therapy is carried out under her guidance.

The Head Nurse

One of the first persons with whom the child comes in contact is the head nurse. Through her understanding, sympathetic attitude, the child is helped to adjust quickly to his new environment. In the development of the recreational program, the head nurse may be called upon to organize the leisure-time of children both from within and outside of her own department. It is her duty to correlate activities; to prevent unnecessary use of energy; to carry out general, constant supervision.

In organizing the child's day it must be remembered that activities should be such as to promote health and meet the needs of his growing body. For this reason, the day's program can not be planned in advance. What the child is permitted to do must be correlated with his medical care to ensure physical and emotional well-being. His illness may limit the child's activities but the convalescent ordinarily needs a great deal of attention. As he regains his strength, he must be encouraged and helped to get back confidence in himself. The head nurse must be understanding of her young patient's daily frustrations and disappointments, such as his slower recovery in comparison to that of his friends. If she fails to pay attention to this, it may retard the child's progress. Once he is fully convalescent, the child becomes more active and participates to a greater extent in his own recovery but he still needs encouragement.

The nurse must educate the family to let the child do things for himself even if the task is accomplished very slowly. Otherwise their attempts to help may prove an actual hindrance to recovery.

Each new staff member should spend a certain length of time with the personnel who are responsible for the recreational program. Here she learns to appreciate the fact that play is as important for the sick child as for the well child. Even if the time spent in the department must be limited, an attempt can be made to provide a variety of experiences and broaden the nurse's concept of the child as a patient.

The emphasis placed on "the patient" is modified by the philosophy of nursing care in relation to children. A child is, first of all, a child and then, a *sick* child. Within the limits of his physical disability he has the same interests as other children of his age. During his hospitalization, he can be helped to make new friends and develop new interests. In orienting staff members to the role of the recreational program they must be made to realize that it is not just a means of keeping the children busy but that it is a part of their general care and treatment. Participation in it helps to develop a sense of security in the child and increases his confidence in the hospital personnel.

The personnel of the department take part in numerous conferences. The needs of each child are discussed and a program outlined. Through these discussions, the personnel become familiar with their individual behavior and are better prepared to help them. Play activities are organized as soon as

---

Mrs. Ouellet is on the teaching staff of St. Justine's Hospital, Montreal. This is the concluding section of her article.

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the head nurse has chatted with the child's mother and found out his habits of eating and sleeping, his preferences as to games and toys. This information should be included in the child's chart.

For the children who will continue their school lessons while in hospital, the nurse and the teacher together will decide upon the best time of day for instruction. The nurse must make sure that nursing care is completed early enough so that the children can rest before class. She sees to it that they are comfortably settled, particularly bed patients, so that they do not become too tired. Ideally their school lessons should provide relaxation through change of activity.

If the parents tend to be critical of the program, the nurse should arrange for them to have an interview either with her or with the teacher. They should be helped to see that the school program is really a means of diversion for the child as well as keeping him on a level with his schoolmates. The nurse has another opportunity to help the child here by seeing to it that "homework" is done and advice given as required.

A quiet, peaceful environment is necessary to interest children in reading. The nurse must be well-read herself to carry out her role as a guide. She will have the task of looking after the classroom books — seeing to it that they are kept clean and that they do not leave the hospital. It is to be expected that some books will disappear from time to time but an attempt must be made to avoid this.

The Student Nurse

Play is such an important part of a child's life that it seems impossible to teach pediatrics without considering it. It must be impressed upon the student nurse that the care of the child has as close a relationship to his growth and development as to his illness. The play program is a rich educational experience for her in acquiring a better understanding of the young. As she becomes familiar with the materials used, the nurse will appreciate their value in the rehabilitation of the child and she will be better prepared to interpret the child's needs in regard to play.

The student must be taught to take the child's behavior and the effect of organized leisure-time into account. She should be encouraged to discover the type of occupation best suited to the individual. In this way she will learn to associate properly planned leisure time as part of the total care.

A professional nurse should be thoroughly familiar with normal personality development as preparation for her work in pediatrics. The head nurse and the clinical instructor must take advantage of every opportunity to help the student acquire this knowledge.

Advantages of a Recreational Program

For the Child

1. Provides an opportunity to work off excess energy and promotes relaxation.
2. Provides a good means of adjustment to physical and social surroundings.
3. Provides a means of diversion and also teaches moderation in the use of leisure-time.
4. Helps to develop a more acute sense of values.
5. Encourages inventiveness and stimulates the development of new interests.
6. Relates play and work to individual needs according to physical, social and mental development.

For the Nurse

1. Helps her to see each child as an individual to be respected.
2. Promotes a better understanding of the child thus making nursing care more effective.
3. Acts as a stimulus. By comparing her role to that of the mother, the nurse understands her responsibilities more fully.
4. Introduces diversion into the routine of medical and nursing care.
5. Promotes development of her own personality through exploration of a new field of action.

Recreational therapy, combined with nursing and medical care, has considerable value. The sick child no longer feels alone. His adjustment to the hospital environment is made easier. He feels happier generally and his recovery tends to be more rapid.

The pediatric nurse should participate actively in such a program. She should work in cooperation with all other members of the team to use recreational therapy most effectively.

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THE PROVINCES REPORT

With the biennial meeting rapidly approaching, the Executive Committee of the CNA met on February 18-20, 1960 in preparation for it. That the past two years have been very busy was evidenced in the reports of the federated members. A general survey of these indicates an increasingly heavy program with a corresponding need for more funds to carry out projects. To meet financial requirements several provinces either reported increases in fees or their plans to submit such amendments to their memberships. Committee activity appeared to have reached a new high with each association reporting a variety of institutes, workshops, study days, conferences and special programs. Considerable effort is being expended to ensure that nurses, active or inactive, are kept informed of professional developments.

A comparison of total registration figures for the years 1958 and 1959 reveals a noticeable increase in eight provinces. In the two provinces where *total* registration figures were not increased, there was a marked decrease in *inactive* registration. This also applied, however, to provinces where the overall total was up. With the return of so many non-practising members to active professional life, provincial associations have sought to meet their special needs through refresher courses. It is interesting to note that in one province 50.8 per cent of practising members were married women while another province reported 60 per cent.

Another trend appears to be a closer working relationship between nurses' associations and various medical groups such as hospital associations, medical associations and hospital insurance groups. In some cases, the relationship has provided an opportunity to discuss mutual problems; in others it was formed for educational purposes, and in still others to request the assistance of nurses in obtaining information. With some exceptions, many provinces that have adopted the federal-provincial scheme of hospitalization have appointed a nurse consultant (or consultants) to the commission. It is hoped that eventually each province will adopt a similar pattern. All of this would seem to indicate that nursing is assuming ever greater stature as a profession in its own right—that it has come of age.

Alberta

1. Established a liaison committee with the Alberta Medical Association with discussion of mutual problems as one objective.

2. Provided a variety of institutes and refresher courses.

3. Undertook a pilot project for the care of the chronic and aged within the borders of a northern chapter, under the financial sponsorship of the Canadian Red Cross Society and the provincial government.

4. Is conducting a nursing care survey for the purpose of determining and setting up standards. This is under the sponsorship of the provincial government and includes representation from the Associated Hospitals of Alberta.

5. Is studying proposals from various companies regarding a possible income disability plan.

British Columbia

1. Provided hospitals with a guide for refresher courses.

2. At the request of the Hospital Insurance Services, undertook two special studies: 1. The planning of nursing units and 2. the concept of progressive patient care.

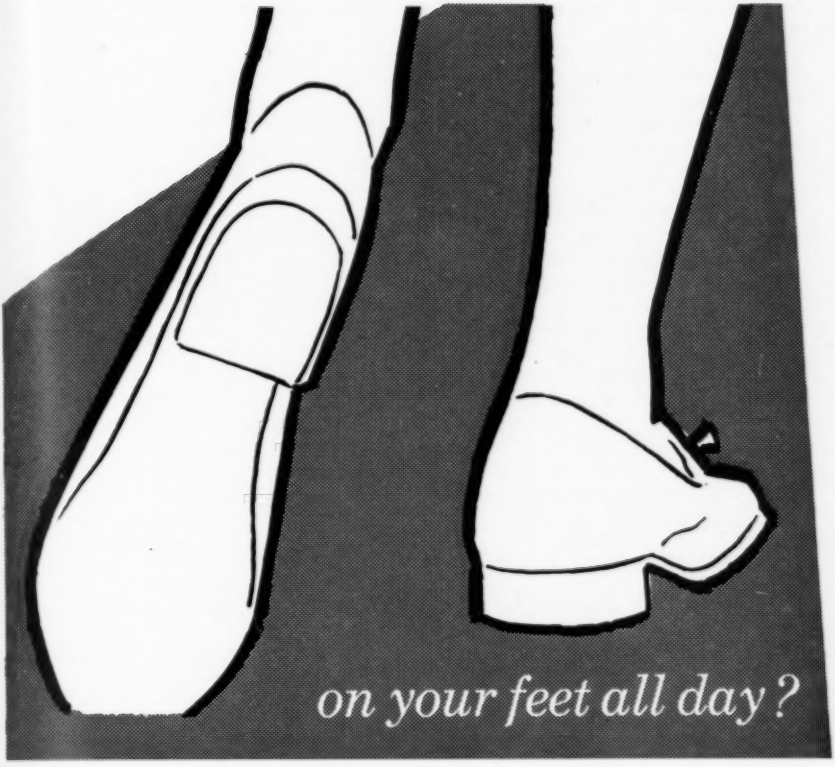
3. Appointed a Committee on Ethics and employed a psychiatrist on a fee-for-service basis for more effective handling of abnormal behavior within the membership.

4. Adopted provincial bargaining as promoted by the British Columbia Hospitals Association and achieved a marked degree of uniformity in salaries and personnel practices within public hospitals.

Manitoba

1. Arranged for an extensive series of institutes and special educational programs for nurses at all levels, active or inactive.

2. Provided consultive services to the Manitoba Hospital Survey Board for a



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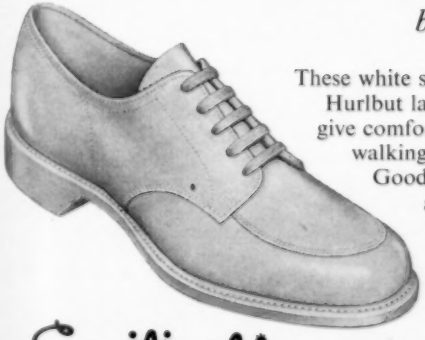

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unique and very valuable study of the province's needs in regard to health services.

3. Formed a joint committee with the Associated Hospitals of Manitoba for the discussion of mutual problems related to nursing service and working conditions for nurses.

New Brunswick

1. Assisted the University of New Brunswick school of nursing with arrangements for refresher courses as part of the continuing educational program.

2. Compiled a list of agencies concerned with patient care and designed a health referral form for use by hospitals and other agencies as an aid to continuity of care.

3. Through the efforts of small groups, is studying the impact of the hospital insurance scheme upon nursing.

Newfoundland

1. Undertook a revision of the system of registration examinations.

2. Is conducting a statistical survey of all nurses within the province.

3. Arranged for an institute on ward administration, a workshop on the implementation of the nursing curriculum in clinical fields, and a refresher course on several subjects of current nursing interest.

Nova Scotia

1. Anticipated the appointment of a nurse consultant to the Hospital Insurance Commission in the near future.

2. Sponsored or participated in several institutes.

3. Increased the annual registration fee.

Ontario

1. Increased the annual registration fee for active members.

2. Completed a study of registration examination methods in order to determine the type best suited to the province and the costs of a revision of procedure.

3. Continued with a survey of professional nursing registries for the purpose of assessing services, structure and operation.

4. Carried out an extensive conference program co-sponsored by the Ontario Hospital Association and the Ontario Medical Association and with the cooperation of the Ontario Hospital Services Commission.

5. Worked on a curriculum for a two-year basic course in nursing.

Prince Edward Island

1. Implemented its Nursing Assistants Act by developing a Central School for Nursing Assistants; by providing the means of licensure.

2. Conducted a workshop to finalize recommendations for a provincial minimum curriculum.

3. Presented further requests for the appointment of a nurse consultant to the Hospital Services Commission.

Quebec

1. Increased the annual licensure fee.

2. Is working on amendments to its Act which are related to the status of nursing assistants and male nurses.

3. Provided assistance to an increasing number of nursing students from other countries such as Cambodia and Viet Nam. French Canada is the only place where nationals from certain countries can obtain advanced nursing education.

4. Supervised translation into French of a text on obstetrics for nurses.

5. Made psychiatric nursing a prerequisite for registration.

6. Is presently conducting a study of the cost of nursing education.

7. Studied educational entrance requirements to schools of nursing and the qualifications of students presently entering. A problem exists in regard to raising present standards since so few schools offer basic education beyond Grade XI.

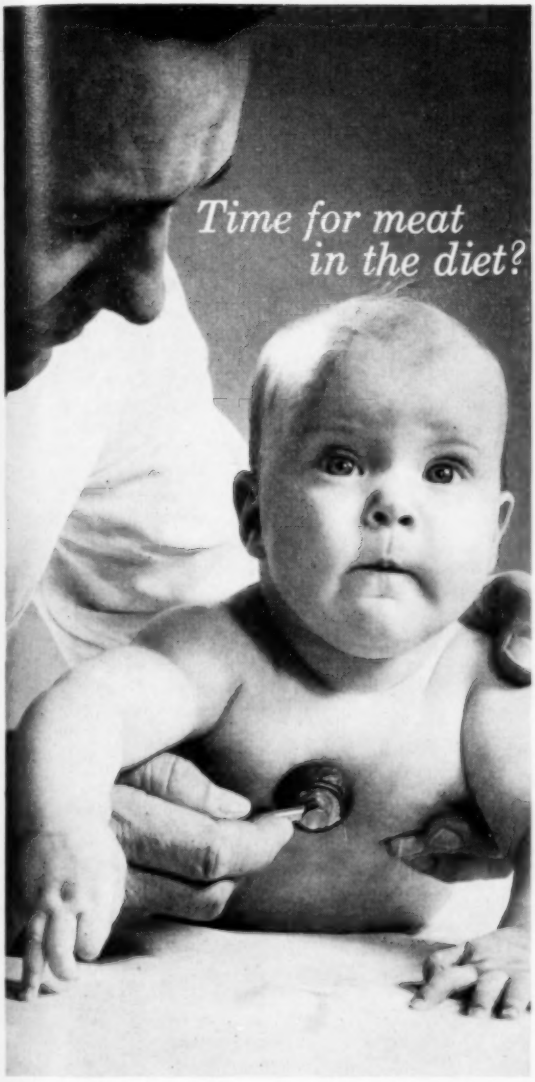
Saskatchewan

1. Along with the Saskatchewan Hospital Association and the provincial College of Physicians and Surgeons, approved the administration of intravenous solutions by nurses.

2. Moved into its own new office building.

3. Is studying the legal implications in private nursing and the possibility of a group coverage policy in respect to liability for malpractice, compensation for damage to personal property and loss of employment opportunities.

4. Revised the nursing assistant curriculum and extended the course from 9 to 12 months.



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The Implications for Nursing in Organized Home Care Programs

Introduction: It is apparent that nationally there is an awareness of and a growing interest in development of home care plans, as evidenced by:

1. The studies being made by various community agencies.
2. Provision of public funds for pilot home care programs.
3. The establishment of home care and liaison programs.
4. The impetus of a broader concept of rehabilitation.

The Committee on Nursing Service of the CNA accepted the following definition of home care plans:

> Those organized programs having centralized responsibility for the administration and coordination of services to patients (in their homes) and for providing at least the minimum of medical, nursing and social services.*

The Committee believes that:

1. The needs of selected patients can best be met by this type of program,
2. the expansion of home care programs will have considerable impact on nursing services and nursing education.

Implications for the Nursing Profession

If this new concept of care is to be realized, the nursing profession has a responsibility to help prepare all its members for their role since nursing is an integral part of such a program.

Before such a program can be developed, nurses, along with other members of the health team, will need to examine the resources available in the community, particularly nursing needs and resources, and plan for additional resources as required.

The public will need to know and to understand what this service offers and nurses will have to take part in interpreting this need.

Nurses need to recognize that hospital care may be only a relatively short part of the total length of care and that the hospitals is only one of many agencies contributing to the health and welfare of its citizens.

A close liaison between members of many professions is essential. Nurses will need to be prepared to interpret nursing and the nursing needs of individual patients to their co-workers.

The members of the nursing profession should recognize the importance of their status as members of the community and their responsibility to participate in community activities as citizens with special preparation.

The concept of nursing is broadening as a result of social and medical changes and the nursing profession has a responsibility to develop a clear statement of the philosophy of nursing and the role of the nurse in contemporary society.

Nursing education programs must be re-examined and adapted to meet the changing role of the nurse.

**Pilot Home Care Program — First Report.* Department of Health, Toronto, 1959.

We shall not be serving mankind well if we become obsessed with just the business of putting new satellites into orbit — so obsessed that we overlook the fact that we have some real problems left right here on earth. We need to put new ideas — and more of them — into orbit. And we must use every resource at our command to see that people everywhere achieve greater understanding of each other before it is too late.

— Dwight Eisenhower

Robert Laird Borden was born in **Grand Pré** in the Annapolis Valley of Nova Scotia. This is one of the best known onetime Acadian villages and boasts Evangeline Memorial Park with its collection of Acadian relics.

— Dorothy Duncan

* * *

A regular poet published a book,
And an excellent book it was,
But nobody gave it a second look,
As nobody often does.

— Ogden Nash

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*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

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TOWARD BETTER PATIENT CARE

The nursing staff of The Toronto Western Hospital had a most interesting experience in the form of a three-day workshop held in January of this year. As in any large, growing institution with the inevitable changing of personnel, one of the main problems facing the nursing staff of this hospital was the lack of communication, not only among themselves, but with other departments. It was felt that this lack of communication was bound to have an adverse effect on satisfactory relations with the patient.

As early as the spring of 1959 this workshop had been under consideration. However, it was not until June that five members of the staff were approached to form the Planning Committee. Members of this committee were drawn from the departments of nursing service and nursing education. Four months of careful planning preceded the event. During this time the planning committee met frequently despite the fact that some members were on different tours of duty. Once the initial plans were prepared a social convener and a publicity agent were appointed from the nursing staff. When the dates for the workshop had been decided, the department of nursing education cooperated by rearranging students' lectures and clinical experience to enable the clinical instructors to attend. Nursing service arranged for adequate coverage of all departments during the absence of the head nurses. A month prior to the event a letter of invitation with a list of suggested reference reading was sent to all those who were expected to attend. Seven members of the staff were approached to act in the capacity of group leaders. In choosing the members of the work groups an attempt was made to have persons from different departments represented. The hospital staff was made aware of the project by eye-catching posters in strategic positions. Personnel from other departments were invited to attend the open sessions. Many took advantage of this invitation.

The workshop consisted of small discussion groups and at least one main general session daily. In planning every effort was made to ensure a relaxed and informal atmosphere. To do this the hospital administration very generously gave all members in attendance three complete days away from their various departments. The participants numbered approximately 50 in all. This included the entire head nurse and clinical instructor group, with administrative supervisors and general staff nurses attending when duties permitted. Miss Carol Adams, the nursing consultant for education and service, RNAO, acted as an observer. Her assistance in the day-to-day evaluation was much appreciated. Everyone participating wore street dress; smoking was permitted in the small work groups; coffee and tea were served morning and afternoon, in a further effort to achieve informality. By these means it was hoped to promote freedom to express opinions, to state existing problems, and to suggest methods for improvement.

On the first day the participants registered as at any conference. They received monogrammed plastic portfolios, containing pertinent literature, bibliographies and name tags with colored ribbons attached. These tags were worn to differentiate the discussion groups. In all there were seven groups of seven members.

After a brief introduction, the content of the first general session was provided by the director of nursing, Miss Grace Paterson. She outlined the administrative structure of the hospital and nursing department. The associate director of nursing education, Miss Audrey Shiach, presented the philosophy and curriculum of the school of nursing. The information given by these speakers was new to many, and an excellent review of recent changes for older members of staff. It proved valuable in clearing up misunderstandings that may have existed between nursing service and nursing education as to their respective roles, and provided conversational material for the first group discussion when all members were unsure of the best way to proceed.

As team nursing had been in practice at Toronto Western Hospital since 1950, and problems still existed in this area, it was felt that a review was indicated. The general session for the second day was planned around this theme. A panel consisting of representatives of the nursing team from supervisor to nursing assistant level was asked to express opinions as to how effective team nursing was in meeting the needs of the patient, and promoting job satisfaction. This evoked much discussion and many helpful

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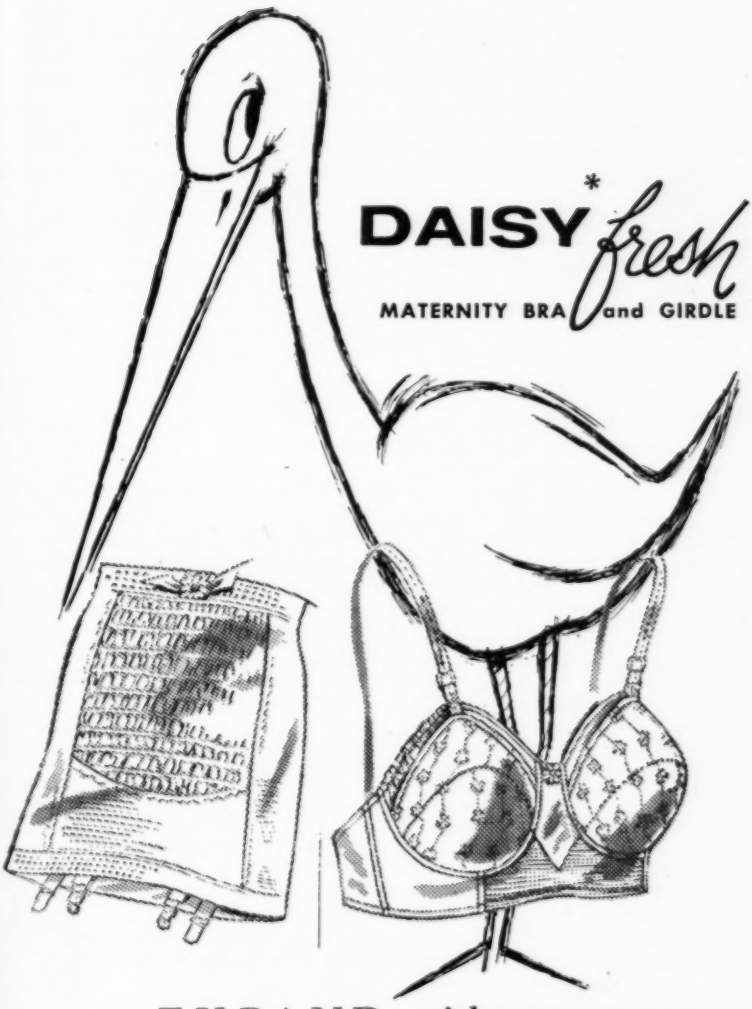
This report was prepared by the members of the committee who planned the workshop under the chairmanship of Mary T. Hickey.



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suggestions as to how improvements could be made. Another encouraging aspect was the interest aroused in the areas where team nursing is not in effect. Several of the head nurses on private floors are presently making plans to institute team nursing, as they have been convinced that it improves patient care.

One of the objectives of the workshop was to improve interpersonal relationships in order to improve patient care. With this in mind, Dr. Karl Bernhardt, professor of psychology at the University of Toronto, was invited to speak on the importance of interpersonal relations. Dr. Bernhardt pointed out that, in a hospital too much emphasis may be placed on efficiency to the detriment of the patients' welfare. He continued by stating that a basic theory in getting along with others, is to move outside our egocentric thoughts. One must have a genuine interest in the individual as a person and establish a feeling of empathy.

The leaders of the work groups had met with the planning committee one week prior to the workshop. At this time their role as leaders was discussed, demonstrated by use of films, and by the provision of reading assignments. The topic of discussion in the group sessions was left entirely to the members. They were free to discuss what they felt was important to them as a group. All members remained in the same group for the three days, so that there was continuity of thought and discussion. At the end of each day the group leaders met with the planning committee to discuss progress and to present a summary of their discussions.

At the end of the third day, a final general session was held. An attempt was made to highlight the common problems of all groups. The director of nursing, the associate director of nursing education, and the medical superintendent were invited to attend. Many recommendations were directed to the hospital administration. It was interesting to note that the majority of these recommendations sought, in some manner and however indirectly, to improve care to patients and increase the job satisfaction of the graduate nurse. The workshop concluded with a dinner organized by the social convener and attended by the majority of the participants.

There are numerous signs that the workshop has had immediate effects. Although many of the recommendations have not as yet been implemented, the sharing of ideas goes on. The knowledge that we are not alone with our problems has resulted in a better understanding of each other, and has made us aware of the need for continual self-evaluation. Another obvious result is the closer understanding that has been created between clinical instructors and head nurses. These two groups are planning to hold regular meetings to discuss and attempt to solve problems together. The participants have expressed general appreciation of the opportunity to evaluate their performance, and to seek methods of improvement.

It was unanimously decided that a post-workshop meeting will be held in order to assess the value of the workshop in terms of progress that has been made toward promoting "Better Patient Care."

Creative clinical work and significant laboratory research in the areas of language disorders and stuttering are revealed in two new publications. Written for professional workers, a long-term study of children with delayed speech and language is reported by Nancy E. Wood, Ph. D. director, Language Disorders, Cleveland Hearing and Speech Centers. Scientific findings on the problem of stuttering are provided by Oliver Bloodstein, Ph.D. of Brooklyn College.

Language Disorders in Children which sells for 50 cents and The Handbook on Stuttering for Professional Workers for $1.00, may be obtained by writing to: Publications Office, National Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago 12, Illinois.

One of the loveliest sites in Cape Breton is the view from Alexander Graham Bell's "beautiful hill." Located in **Baddeck,** it overlooks the shimmering waters of the **Bras d'Or Lakes** adorned with verdant islands. — DOROTHY DUNCAN

* * *

In those vernal seasons of the year, when the air is calm and pleasant, it were an injury and sulleness against Nature not to go out and see her riches, and partake in her rejoicing with heaven and earth.

— MILTON

* * *

I don't complain of Betsey, or any of her acts,

Exceptin' when we've quarreled, and told each other facts. — WILL CARLETON

Her mother might help, but

SHE'D RATHER TALK TO YOU ABOUT PIMPLES

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The Treatment of Deep-seated Ulcers by Exposure to Air and the Use of Oxygen

GEORGE J. GREGG, R.N., B.T.A.

Something new has been added in the treatment of recalcitrant ulcers.

AT A HEAD NURSES' MEETING Dr. G. A. Clark, who had recently returned from a trip to Germany where he studied the treatment of ischemic extremities by the injection of oxygen into the arteries, gave us an interesting talk. Subsequently, in a discussion between the ward doctor and nursing staff, it was decided to try the effects of oxygen applied locally to open areas, in selected patients.

The ward in question is one where patients who develop staphylococcal infection are isolated. Quite often our patients are aged or chronically ill, and since "staph." infections are prone to develop on areas that are subject to pressure, *i.e.,* shoulder blades, hips, sacrum, etc., one of our major problems is healing the ulcers left by furuncles and carbuncles in these areas. We were already treating these cases by exposure to air and have obtained quite good results. However, with the use of oxygen as well, healing appears to be accelerated.

Method of Treatment

A soft rubber catheter is taped, using adhesive, in a central position on the area to be treated. An abdominal pad soaked in saline is placed firmly over the area. The catheter is connected, via a length of rubber tubing, to the flow meter of an oxygen cylinder. Oxygen is run through at 7 litres per minute for 30 minutes twice a day. We found that by using "Y" glass connections and increasing the oxygen flow to 15 litres, it was possible to treat two areas each on two patients at the same time. Several orderlies have now been instructed in the technique and, under supervision, one orderly can set up, carry out treatment and clear away in about 45 minutes.

Another method tried, and one that appears useful in treating a single ulcer is to strap a plastic face mask over the area to be treated. The use of oxygen is of course a considerable fire hazard, and it has been found necessary to group patients and special equipment in a separate room. Usual precautions are taken to eliminate accidents.

Two patients were selected for a practical demonstration of this form of treatment. Both had severe contractures of the legs and had been nursed on Stryker frames for a considerable period of time.

1. A male, age 36, suffering from disseminated sclerosis, with large ulcers on knee, hip and sacral areas.
2. A male, age 45, a post-spinal injury, paraplegic.

Progress

In the first patient, the areas treated showed some response on the second day. At the end of a two-month period the knee ulcer, about 2½" in diameter, closed to the size of a nickel, a short period compared with the length of time the ulcer had been present.

The deep ulcer on the hip of the other patient responded very well also, healing up from the bottom and becoming much smaller in diameter.

The first effects of the oxygen were the formation of multiple, bright red granulations, followed by a pronounced ridge of new tissue which grew up from the middle of the ulcerated area. Healing appeared to progress from the ridge outward and from the edges inward. Oxygen being devoid of humidity also has a marked drying effect, which is desirable. After treatments a dry dressing only is applied. Whenever possible, both day and night dressings are removed and the areas are exposed to the air.

These oxygen treatments supplemented by exposure to the air, daily saline baths, a balanced diet, and 3-hourly back care routine, day and night, appear to be showing results.

Mr. Gregg is on the staff of Westminster Hospital, (D.V.A.) London, Ont.

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In Memoriam

Leita Vail Allingham, a graduate of the Minnesota General Hospital, died recently in Ottawa, at the age of 61. A native of Saint John, New Brunswick, she had nursed in Detroit and had been employed with the Winnipeg Free Press. For several years, Miss Allingham was law librarian with the Parliamentary Library at Ottawa.

* * *

Hélène Beaudet, a graduate of Hotel Dieu Hospital, Montreal, in 1919, died recently. She had engaged in private nursing.

* * *

Angeline Blanchet, a 1917 graduate of Notre Dame Hospital, Montreal, died recently. Her professional career was spent in public health nursing.

* * *

Beatrice (Nairn) Darker, a graduate of Grace Hospital in 1920 died at her home in Toronto on November 26, 1959.

* * *

Alice Eleanor (Johnson) Dawe, who graduated from St. Paul's Hospital, Vancouver, in 1917, died there on February 22, 1960, after a short illness.

Throughout her married life she maintained close contact with St. Paul's, holding several executive positions in the Alumnae Association. During World War I she was awarded a citation for her work with the Red Cross and returned to nursing during World War II. She accumulated information and edited the Jubilee Book published in 1957 for the anniversary of St. Paul's school of nursing.

* * *

Agnes (Curr) Girvan, a graduate in 1950 of the Toronto Western Hospital died suddenly at her home in Toronto on February 13, 1960. Mrs. Girvan had worked in Santa Monica, California before returning to T.W.H. five years ago as clinical instructor, a post she held at the time of her death.

* * *

Mabel L. Partridge who graduated from the Hospital for Sick Children in Toronto in 1914, died on February 7, 1960. Miss Partridge joined the staff of the Haldimand School Medical Inspection Unit in 1923 and became senior nurse of the Haldimand County School Health Service in 1950, a position she held for ten years.

Euphemia (Wylie) Huston, a graduate of the Toronto Western Hospital in 1904, died in Manilla, Ont. on November 26, 1959.

* * *

Amy E. Lord, a native of Tryon, P.E.I., was accidently killed in Edmonton, Alta. on February 27, 1960. A graduate of the Royal Alexandra Hospital in Edmonton, Miss Lord served as a nurse with the Edmonton Public School Board and the city health for 20 years. Following her retirement in 1957, she became assistant to the director of a private duty registry in Edmonton.

* * *

Martha McBride who graduated from St. Joseph's Hospital, Victoria, B.C. in 1911, died on January 7, 1960 in that city. Miss McBride, who was born in Ireland, came to Victoria in 1900. During World War I she served overseas with the Canadian Medical Corps, was twice mentioned in despatches and during service at Salonika was awarded the Royal Red Cross.

Miss McBride had held positions at the military hospital, Craigdarrach Castle, St. Joseph's Hospital, and Royal Jubilee Hospital.

* * *

Mary Rosalie Osborne, a graduate of Central Maine General Hospital in 1913, died at her home in Milltown, New Brunswick, on January 16, 1960. Miss Osborne had held administrative positions in hospitals in Maine, Ohio, and New York and was on the teaching staff of her alma mater at the time of her retirement. She was one of the first nurses to respond to the call for nurses at the time of the Halifax explosion in 1917.

* * *

Eileen (Snowden) Ramsay, a public health nurse in the Cariboo Health Unit, Quesnel, B.C., died on February 9, 1960. Mrs. Ramsay was a graduate of the Jubilee Hospital in Victoria and joined the Provincial Public Health Service in 1937.

* * *

Maud Whitehead, who retired in Vancouver 30 years ago died at the age of 87 in St. Vincent's Hospital on December 30, 1959. Miss Whitehead nursed in Vancouver before going to Hawaii, where she had served as matron of the hospital at Hilo for several years prior to her retirement.

Halifax County produces more than 500 barrels of clams annually. — Dorothy Duncan

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Rehabilitation Nursing Seminars

A SEMINAR ON REHABILITATION nursing, initiated by the provincial coordinator of rehabilitation, was held in Saskatoon November 18 - 20, 1959, and in Regina November 23 - 25. Miss Laura Hegstad, nursing consultant in Chronic Disease and Rehabilitation, Minnesota Department of Health, was the guest lecturer on both occasions.

The chairmanship of the Saskatoon seminar was shared by Hazel Keeler, director, and Dorothy Hibbert, assistant professor, of the School of Nursing, University of Saskatchewan and Caroline Dauk, University Hospital. Participating in the program were Dr. A. L. Swanson, director, University Hospital; Dr. T. E. Hunt, professor and director of the Department of Rehabilitation Medicine, University Hospital; Jean MacGregor, physiotherapist; Lois Hunter, speech therapist and M. Brody, occupational therapist.

In Regina, Mary Earnshaw, nursing consultant, Child Health Division, Department of Public Health, presided as chairman. Dr. A. F. Huston, acting director, Regina Physical Restoration Centre, gave generously of his time, both through lectures and tours. Other participants were Dr. G. A. Roeher, provincial coordinator of rehabilitation; Mr. W. J. Dockerty and Mr. W. J. Jeffers, physiotherapists; Mrs. M. W. Hunter, speech therapist; F. E. Bryce and C. Gray, occupational therapists. This seminar was held at the Physical Restoration Centre.

Rehabilitation is the process of assisting the individual with a handicap to realize his potentialities and goal. It is also a process of teaching the patient to make the maximum use of the capacities that he has left following disease or injury, to the point where he can live a full life. The more common and all too familiar types of incapacitating diseases and injuries were reviewed. It was learned that rehabilitation begins early, with all members of the team participating. We must learn to work *with* the patient and not *on* him. Prerequisites for this care are infinite patience, learning to be a good listener to patient needs and wants, and repetitive teaching with a realistic approach in simple acts such as grooming (e.g. insertion of dentures or brushing teeth, adjusting eye glasses, combing hair, applying a brace or putting on a shoe.) We must learn to stress what is *left*, not what is *lost*.

The Regina centre was planned to meet the varying needs of those of all age groups who suddenly found themselves facing their future with a handicap of great magnitude. The thinking of those in nursing must be geared to newer concepts of what constitutes good nursing care and to more skilful techniques in the application of knowledge.

The delegates were most appreciative of the effort made by the patients to serve afternoon tea from trays fitted to their wheelchairs and readily adapted to this use. This demonstration of achievement and the smiling faces made it a most pleasant interlude. There was also a display of specially made clothing (wrap-around rather than pullover) to facilitate and improve the grooming of the handicapped.

FRANCES COPEMAN,
Assistant Director Nursing Services,
Providence Hospital,
Moose Jaw, Saskatchewan.

Patients with deep-lying leg veins obstructed by clots, improved faster and suffered fewer complications when fibrinolysin (plasmin) was added to standard treatment, reports Dr. Kenneth Moser of Washington.

Animal studies done at the Sloan-Ketterling Institute, New York, indicated that giving fibrinolysin soon after an experimentally-produced heart attack seemed to flush away a sludge of microscopic clots in the smallest coronary vessels. Damage to the heart muscle has been reduced by as much as 25 to 50 per cent.

Newsletter, American Heart Association

The women of the village of **Cheticamp, N.S.**, thread the wool taken from their own sheep into patterns and color schemes to make up the most exquisite hand-hooked rugs.

— DOROTHY DUNCAN

* * *

The **Cabot Trail** is a circular motor road that outlines the most eastern projection of land in Canada, **Cape Breton Island.**

— DOROTHY DUNCAN

* * *

No economic equality can survive the working of biological inequality.

— HERBERT HOOVER

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2. Practical person -- someone who can test ideas, analyze for flaws and weigh ideas against his experience.
3. Organizer — the individual who can get things done after decisions are made. He follows through — he must know how to accept and discharge responsibilities.
4. Content — this individual supplies the topics for the meeting.
5. Public Relations — gives ideas on how to "sell" the meeting.
6. Interview Expert — discovers what the audience wants to experience at the meeting; what bothers individuals, their weaknesses and their strong points.

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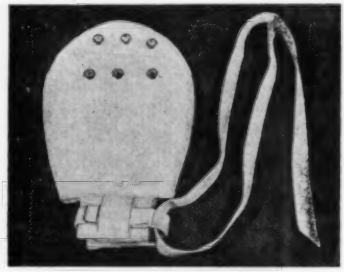

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Book Review

Textbook of Pharmacology for Nurses by Margene O. Faddis, R.N., M.A. and Joseph M. Hayman, Jr., B.A., M.D. 451 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 5th ed. 1959. Price $5.50.

Reviewed by Miss Jean Brewer, Instructor, Misericordia Hospital, Winnipeg.

The objectives of this text, as in previous editions, are to help the nurse assume the responsibilities inherent in the administration of drugs. In this revised edition, there have been additions of some of the newer drugs and also some changes made toward simplification of increasingly difficult content.

In dealing with the preparation of dosages for hypodermic administration, the attempt to simplify formulas appears to have made them more complicated giving extra room for error. The illustrations showing the dissolving of tablets in a spoon in the preparation of a hypodermic injection are good although this has become an obsolete method in many hospitals.

The illustrations of the areas of injection are very good and illustrate clearly why injections are to be given in the respective sites. More and more today, the responsibility for intravenous fluid administration is being placed on the nurse, and it is interesting to see that a section on intravenous infusions has been included in this text.

The special points for nurses are very helpful. They bring to the student's attention specific factors concerning that particular drug or group of drugs.

In the section on insulin, the all-important subject of teaching the patient how to give his own insulin and the care of the syringe and other equipment, is very well explained.

The problem of self-medication is becoming a serious one and some of the reasons for this are given in a subsequent chapter.

Finally, at the end of the text, there is a supplement on Canadian Drug Legislation by F. Norman Hughes, Phm.B., B.S. in Phar., M.A., LL.D., and Isobel E. Stauffer, B.Sc., (Pharm.), M.S., giving the student compact information regarding the specific statutes and regulations of drug legislation in Canada. Student nurses and instructors alike, would find this textbook a help to them in their study of pharmacology.

We do not count a man's years, until he has nothing else to count. — EMERSON

A man must not swallow more beliefs than he can digest. — HAVELOCK ELLIS

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Instructors Classroom & Clinical for May, 1960 or later. Starting salary $320 without degree & $355 with degree. Good personnel policies. Apply to: Director of Nursing Education, St. Michael's School of Nursing, Lethbridge, Alberta.

Instructor, Psychiatric Clinical (to teach affiliating students in 8-wk. program) 1500-bed active treatment hospital conducting an accredited school of nursing. Salary range $4,320 to $5,160 per annum, 40-hr. wk., civil service holiday, sick leave & pension benefits. Residence with board, if desired, $30 per mo. Apply stating qualifications & experience to: Superintendent of Nurses, Provincial Mental Hospital, Department of Public Health, Ponoka, Alberta.

Matron for new one (1) storey 20-bed Municipal Hospital with nurses' residence. Please state qualifications, experience, salary, references & when available. Apply: Secretary-Treasurer, Bow Island Municipal Hospital, Bow Island, Alberta.

Registered Nurses (3) Certified Nursing Aides or Practical Nurses (3) immediately for 19-bed hospital. Salary $300, R.N. — $180 C.N.A. Practical Nurses salary depend on experience. Maintenance $30 per mo., separate residence. Apply to: The Matron, Municipal Hospital District No. 53, Empress, Alberta.

Registered General Duty Nurses for busy 45-bed hospital, with program to start building this year, a completely modern 70-bed hospital with 100-bed service facilities. Salary $275-$305, 40-hr.wk., 21 days vacation after 1-year service plus 9 statutory holidays, 1½-days sick leave per mo. accumulative up to 90 days. $35 per mo. deduction for room, board & laundry. For further information, apply to: Matron, Municipal Hospital, Peace River, Alberta.

Registered Staff Nurses (2) immediately: for 12-bed hospital close to Banff. Salary $250 per mo. less $30 for room & board. Rotating 8-hr. shifts, 40-hr. wk., 4-wk. vacation with pay after 1-yr. service. Apply: Matron, Municipal Hospital, Canmore, Alberta.

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General Duty Nurse for 17-bed hospital, 100-mi. north of Calgary, salary $265 gross with increments of $5.00 every 6-mo. for 3 increases, 44-hr. wk., 3-wk. vacation after 1-year of service, 10 statutory holidays, board & room $35 per mo. Apply: Municipal Hospital, Elnora, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton, $275 gross salary for Alberta registered, $265 gross salary for non registered in Alberta. Excellent personnel policies & working conditions. Apply to: Matron, Municipal Hospital, Brooks, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk., with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

BRITISH COLUMBIA

Clinical Instructor in Surgical Nursing. Degree of diploma required & experience preferable. Salary $355 per mo., credit for past experience. Annual increment, cumulative sick leave, 28-days annual vacation, B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Clinical Instructress (with Degree or Certificate), **Operating Room Nurses** (Postgraduate Training), **General Duty Nurses** for 450-bed hospital, B.C. registration required. Salaries & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia.

Instructor (Senior) in Biological Sciences with experience in clinical areas and/or in teaching Anatomy & Physiology — salary based on experience & qualifications. Enrolment 350 students. Apply to: Director of Nursing, St. Paul's Hospital, School of Nursing, Vancouver, British Columbia.

Registered Nurses (3) for 30-bed hospital. Starting salary $285 per mo. with $10 yearly increment. Past service recognized for salary purposes. Board & room $40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

Registered Nurses (3) immediately for present 39-bed hospital — new 50-bed hospital & new nurses' residence under construction. Salary $285 per mo. with annual increments if B.C. registered; $270 per mo. non B.C. registered. 1-mo. annual vacation, sick leave benefits. Board & room $50 per mo. Please address all replies to: Director of Nursing, Terrace & District Hospital, P.O. Box 1297, Terrace, British Columbia.

Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper-Prince Rupert Highway, 70-mi. from Prince George. Salary $290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence $50 per mo. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small active hospital. Salary $260 for unregistered, $275 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses — O.R. Nurses with postgraduate or equivalent for 146-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Rooms available in nurses' residence. **Nurses Aides** — with vocational training. Salary $177-$201 per mo. We do not have a residence for our Nurses Aides. Apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary $275-$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for 110-bed hospital in B.C.'s Northwest. Salary $299 per mo., if experienced; $285 - $342 in 4-yr. Modern residence facilities available. Supervisory positions also available, $330 - $400 per mo. For complete information apply to: The Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $285, maintenance $47.50. 40-hr. 5-day wk., 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Basic salary $285, generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: starting salary $299 if 2 yr. experience, $285-$342 in 4 yr. Non registered $270 Maintenance $50, 10 statutory holidays, 4-wk. annual vacation. 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $280-$336. Credit for past experience & postgraduate preparation; annual increments: cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Obstetric & General Duty Nurses (Position available immediately) for new modern 125-bed hospital & nurses' residence in the heart of British Columbia. Starting salary B.C.R.N. $285. For further particulars write: Nursing Supervisor, Prince George & District Hospital, Prince George, British Columbia.

Male Operating Room Nurses (Registered in British Columbia) ability to carry responsibilities of a circulating nurse essential. Experience preferred. Salary $285 - $342; differential for postgraduate work. 40-hr. wk., rotating shifts, no "call" work; 4-wk. annual vacation, cumulative sick time, health plan. Apply to: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses (2). Salary: $285 per mo. Room, board & laundry: $40 per mo. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

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SALARY: **$364 - $443 per month**

REQUIREMENTS: Reg. N., preferably supplemented by courses in nursing administration and considerable experience in the supervision of nursing services, preferably in a public general hospital. Although headquarters for this position is Regina, the successful applicant will be required to travel throughout the province and will spend approximately 50 per cent of her time away from headquarters. (The appointee will review such aspects of nursing services as qualifications of personnel, methods and procedures, quality of services being provided and will provide consultant service to hospital authorities as required.)

BENEFITS: Three weeks holidays, three weeks accumulative sick leave allowance annually with pay, excellent pension and group life insurance plans and other benefits.

APPLICATIONS: Forms and further information available at Public Service Commission, Legislative Bldg., Regina, Sask. Applicants should refer to File No. c/c 6200. This competition closes as soon as a qualified applicant is obtained.

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Opportunities in all services for General Duty Nurses.

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Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary $275 with regular increases. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurse for 31-bed hospital, salary $275 per mo., **B.C. Registered Nurses** $285, with semi-annual increments of $5.00-$305; 40-hr. wk., 4-wk. vacation, 1½-days sick leave per mo., Lodging $11 per mo. Fare from Vancouver refunded after 6-mo. For personnel policies & information apply to: Administrator, General Hospital, Ocean Falls, British Columbia.

"STOP! IS THIS WHAT YOU ARE LOOKING FOR?" Applications are invited for positions on the permanent or "vacation relief" Staff of a 50-bed active hospital 35-mi. from Vancouver. R.N.A.B.C. Personnel Policies in effect. Apply to Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

MANITOBA

Matron for 35-bed General Hospital, in southern Manitoba. Duties to start immediately. Starting salary $350, room & board charged at $45 per mo., no charge for laundering separate residence, pleasant staff to work with. Apply: F. E. Dueck, Administrator, Altona District Hospital # 24, Box 660, Altona, Manitoba.

Registered Nurse (Immediately) for 10-bed hospital, with possibility of being Matron in the near future, if interested. Salary for R.N. $310 per mo. with increments of $5.00 every 6-mo. for 4 years. Matron's salary $370 per mo. with same increments. For further particulars apply to: Mrs. Sheila McEwan, Secretary, Birch River Medical Nursing Unit, Birch River, Manitoba.

Registered Nurses (2) Starting salary $295 per mo., new nurses' residence in hospital situated 100-mi. west of Winnipeg, Manitoba, on No. 2 Highway. Excellent staff policy in effect, & copies available upon request. Please send applications to: Miss Jean Simpson, Matron, Glenboro Medical Nursing Unit #16B, Glenboro, Manitoba.

Registered Nurses (2) for 20-bed hospital. Salary: $300 per mo. gross. 40-hr. wk. with 4 annual increments of $10. 3-wk. vacation with pay after 1 full yr. employment, 4-wk. after 2 full years. Sick leave, 1 day for each full mo. of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Apply: Matron or A.C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurse over 30 years with at least 5-yr. experience & some administrative ability to act as Matron for modern 60-bed hospital. Salary: $360 with increments. Good living quarters. Apply: Swan River Valley Hospital, Swan River, Manitoba.

Registered Nurses for Swan River Valley Hospital. Salary: $280 with 4 semi-annual increments to $300. 44-hr. wk., 3, 8-hr. rotating shifts. 3-wk. vacation after 1-yr. continuous employment, 4-wk. thereafter. Daily bus service to points — north, south, east & west. Local golf club, flying club, curling club; good swimming, fishing, skating, etc. Apply: Swan River Valley Hospital, Swan River, Manitoba.

Registered & Licensed Practical Nurse for General Duty. Gross monthly salary $310 for R.N., — $220 L.P., less $45 for full maintenance. Apply: John Hiscock, Secretary Treasurer, Medical Nursing Unit, Baldur, Manitoba.

Registered & Licensed Practical Nurses. Salary rating for Registered Nurses, min. $275 - max. $304 per mo. with $10 additional for evening duty; for Licenced Practical Nurse min. $208 - max. $230 per mo. 8-hr. duty (day, evening or night), 40-hr. wk. Must be registered or licensed in Manitoba. Apply in writing to: The Director of Nursing, Municipal Hospitals, Winnipeg 13, Manitoba.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

NOVA SCOTIA

Operating Room Supervisor (Immediately) Starting salary $3,000 p.a., 40-hr. wk. Apply giving full particulars to: Superintendent of Nursing, Western Kings Memorial Hospital, Berwick, Nova Scotia.

Registered Nurses for 80-bed hospital, starting salary $220 with annual increments, living accommodation available. Apply: Director of Nursing, Highland View Hospital, Amherst, Nova Scotia.

Registered Nurses for night and **Obs. Supervisors (Immediately).** Apply: Superintendent, Queens General Hospital, Liverpool, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1-yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

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POSTGRADUATE STUDY REQUIRED.

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ONTARIO

Director of Nursing for modern 100-bed non-teaching, General Hospital located in progressive town of 11,000 in beautiful Rideau Lakes region. 1-hr. drive to Capital city. Live in or out, pension plan, no construction problems. Salary open & dependent upon qualifications & experience. References required. Apply giving full particulars to: Administrator, Smiths Falls Public Hospital, Smiths Falls, Ontario.

Assistant to Director of Nursing Service to work afternoon & evening shifts rotating bi-weekly, 5-days per wk., in 100-bed active General Hospital. Excellent personnel policies & salary scale. Employer participation in pension plan. Personal interview will be arranged. Forward enquiries to: Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Floor Supervisor & General Duty Nurses for 50-bed hospital, 40-hr. wk., 8 statutory holidays, comfortable residence. Meaford is situated on Georgian Bay & is a tourist town. For further information apply to: Director of Nurses, General Hospital, Meaford, Ontario.

Registered Nurse as Superintendent (Immediately) for 30-bed hospital, stating previous experience & salary expected. Furnished 3 room apartment provided. Apply to: Secretary, Englehart & District Hospital Board, Box 609, Englehart, Ontario.

Female Superintendent for 30-bed modern hospital, located in the Town of Matheson — Staff 28. To be responsible for Supervision of Staff; and all phases of hospital operation — (except accounting). Separate suite of rooms for Superintendent — beautiful location. Duties to commence May 1, 1960. Please apply, stating age, qualifications & salary expected, to M. D. Kaye, Chairman of Board of Directors, Bingham Memorial Hospital, Matheson, Ontario. — Phone 375.

Instructor — School of Nursing. Are you a registered Nurse Instructor with a few year's experience? Would you like the opportunity of trying your own ideas in a smaller situation? If so, apply to the: Director of Nursing, Victoria Hospital, Renfrew, Ontario.

Clinical Instructor for the Plummer Memorial Public Hospital School of Nursing. Address applications to the: Administrator, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Registered Nurses for expanding General Hospital, Medical, Surgical, Operating Room & Obstetrical services, at Ajax on Highway 401, 20-mi. east of Toronto, hourly bus service to hospital. R.N.A.O. salary schedule, increments every 6-mo., sick & vacation time after 6-mo., 37½-hr. work wk., pension plan, living in accommodation. Apply to: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario. **Nurses from Europe & United Kingdom** apply to: Canadian Department of Labor, 61 Green Street, London, W.1, England.

Registered Nurse with experience in Central Supply for 382-bed active hospital. Good salary & fringe benefits available. Apply in writing to: Director of Nursing Service, Hotel Dieu of St. Joseph, Windsor, Ontario.

Registered Nurses for 100-bed active General Hospital. Good salary, personnel policies include 5-day work wk., 14-days paid sick leave accumulative, 3-wk. vacation & 7 statutory holidays. Employer participation in pension plan. Apply to: Director of Nursing. The Cottage Hospital, Pembroke, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary $265 & $185 respectively with regular annual increments for both. Excellent personnel policies including 5-day wk. & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary $290-$335. 28-day vacation after 1-yr. C.N.A. salary $210-$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience $5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence $28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for general duty nursing in all departments of hospital. Apply: Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses for General Duty in all departments including premature & newborn nursery, Isolation, Emergency & Recovery Room. Good salary & personnel policies. Apply, Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty in modern 58-bed hospital, North-Western Ontario tourist area town, midway Fort William & Winnipeg. Gross salary $285 per mo. with increments & consideration for past experience. Excellent personnel policies, pleasant working conditions. Single room residence accommodation. Apply: Director of Nursing, Dryden District General Hospital, Dryden, Ontario.

Registered Nurses for General Duty in modern 40-bed hospital in resort town on beautiful Lake Huron. Starting salary $270, 40-hr. wk., 14-days sick leave, 1-mo. vacation after 1 year, board & room $30, modern living quarters. Transportation allowance after 1-year service. Apply: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

Registered Nurses for General Duty on Surgical Floor in 163-bed Sanatorium. Good salary & personnel policies. Residence accommodation available. Apply: Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

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Sarnia is a rapidly growing city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a summer resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

Excellent benefits include a 40 hour week, regular rotation of shifts with premium pay for evenings and nights.

Salary Schedule:

for Registered Nurses — $255 per month to $313 per month.

for Certified Nursing Assistants — $175 per month to $209 per month.

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Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary $268 minimum to $303 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 6-mo. service. **Operating Room Nurse,** starting salary $288 minimum with postgraduate course, $323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Wawa, Ontario.

Registered Nurses for Obstetrics & Medical Floor. Gross salary $260 - $285 per mo. Differential salary for afternoon and nights. 40-hr. wk., 8 statutory holidays, 4-wk. vacation after 1-yr. service. Pension plan, sick leave cumulative. Apply: Director of Nursing, South Waterloo Memorial Hospital, Galt, Ontario.

Registered Nurses for Staff Duty & Operating Rooms in General Hospital. Modern wings increasing to 64-beds to be opened this summer. Good salary & personnel policies. Apply to: Director of Nursing, Arnprior & District Memorial Hospital, Arnprior, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $270 per mo.** with annual merit increments, **plus annual bonus plan,** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses or Graduate Nurses for General Duty in modern 100-bed hospital. Basic salary $250 for R.N. 40-hr. wk., good personnel policies. Apply: Superintendent of Nurses, Smiths Falls Public Hospital, Smiths Falls, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary $250 per mo., $215 for Graduates. 40-hr. wk., group life, accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty Nurses (Immediately) for 29-bed hospital. Salary: $265 per mo. with increments up to $295. 4-wk. vacation with pay after 1-yr. service. 8 statutory holidays. Nicely furnished nurses' residence. Apply: Superintendent, Bingham Memorial Hospital, Matheson, Ontario.

Registered Staff Nurses for all departments (including Operating-Room); 5-day wk; 8 statutory holidays; 3-wk. vacation annually; starting salary $270 per mo., 3 annual increments; rotating hours of duty. For further information apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

Registered General Staff Nurses for all services, R.N.A.O. salary schedule, increments every 6-mo. 40-hr. wk., differential for evening & night duty. Excellent personnel policies & pension plan. Apply to the: Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

General Duty Registered Nurses & Operating Room Nurse for new, well equipped modern 37-bed hospital. Excellent personnel policies. Apply: Superintendent, Kemptville District Hospital, Box 248, Kemptville, Ontario.

General Duty Registered Nurses for 74-bed General Hospital, starting salary for nurses currently registered in Ontario $275 per mo. Full maintenance $50 per mo. Apply to: Superintendent, General Hospital, Kenora, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $265-$295, Excellent personnel policies, pension plan, residence accommodation. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 50-bed hospital. Salary $270, 5-day wk., summer & winter sports area. Apply: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary $267 per mo. with recognition for P.G. courses, 40-hr. wk. effective January 1, 1960. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses for modern 42-bed hospital. Starting salary: new graduates, $275; 1 or more year's experience, $285. Annual increments; shift differential bonus; Ontario registration necessary for maximum salaries. 40-hr. wk. Residence accommodation available. Apply to: Nursing Supervisor, General Hospital, P.O. Box 909, Sioux Lookout, Ont.

General Duty Nurses for 100-bed modern hospital, south-western Ontario, 32-mi. from London. Salary commensurate with experience & ability; basic: $265, max.: $295. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

General Duty Nurses for new 35-bed active hospital. Salary $250 for Registered. Full particulars. Apply: Superintendent, Uxbridge Hospital, Uxbridge, Ontario.

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Head Nurses • Assistant Head Nurses • Team Leaders

Qualified by professional training and personality to provide administrative guidance and high quality bedside care.

Salaries at the rate of $6,420 - $5,340 - $4,860 per year depending on experience and training. Annual increases. 40 hour week. Shift differential where applicable. 4 weeks vacation. 7 paid holidays. Laundry of uniforms. Social security plus non-contributory retirement plan.

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McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $270 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

Public Health Nurses (qualified). Generalized program includes some bedside nursing. Salary $3,200-$4,250, annual increment $150, 5-day wk., car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ontario.

Public Health Nurses (Kitchener Department of Health, September 1960). For further information write: Miss Olga Friesen, Department of Health, 9 Ahrens Street East, Kitchener, Ontario.

Public Health Nurses for generalized public health nursing service; maternal & child health, tuberculosis, school health etc. Salary $3,500-$4,500 annually; annual increment $200. Hospital plan, P.S.I., pension plan, sick leave- 1½-days monthly, accumulative. Vacation - 4-wk. yearly. Transportation provided or allowance for use of private car. Uniform allowance - Initial $200, yearly $75. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ontario.

Public Health Nurses (2) Bilingual for generalized public health nursing service; maternal & child health, tuberculosis, school health etc. Salary $3,500 - $4,500 annually; annual increment $200. Hospital plan, P.S.I., pension plan, sick leave- 1½-days monthly, accumulative. Vacation - 4-wk. yearly. Transportation provided or allowance for use of private car. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, Ear, Eye, Nose & Throat & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Nurses (Bilingual) having a public health certificate for a Health Unit in rural Ontario. Minimum salary $3,300, 5-day wk., cars available or allowance for own car. Cumulative sick leave. For further information write to: Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

Nurses for Nurses' Technician Team (Intravenous & Intramuscular Therapy, Venepuncture etc.). 40-hr. wk., shift work. Good personnel policies. Apply: Assistant Superintendent, Ottawa Civic Hospital, Ottawa, Ontario.

BERMUDA

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

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Director of Nurses for Jewish Home for aged with advanced professional standards. Staff includes medical director, psychiatrist, case worker, group worker, occupational therapist, physiotherapist, chiropodist, dentist. We have cooperative relationship with fine General Hospital. Excellent salary & conditions. Address: 4373 Esplanade Avenue, Montreal, Quebec. Phone: VI. 5-2105.

Director of Nursing for modern non-profit, J.C.A.H. Accredited 125-bed General Hospital. Downriver area, Detroit, Michigan. $8,000 - $10,000 yearly, depending on qualifications. Liberal personnel policies, unusual opportunity. Approved residency program; staff, board certified specialists. Progressive expanding organization. Emphasis on postgraduate education. Experience in Nursing Service, Supervision & Administration preferred; Master's or Bachelor's Degree required. Forward complete details to Box K, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

Assistant Head Nurses: excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses & Trained Nursing Assistants for hospital specializing in Chest Diseases (in the Montreal area). Excellent personnel policies, working conditions, and accommodation in the Nurses' Home. Apply to: Box 1000, Ste. Agathe des Monts, Que.

Registered General Duty Nurses for 28-bed General Hospital, 45-mi. from centre of Montreal with excellent bus service. Gross salary $250 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $265; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays: 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

General Duty Nurses for Tuberculosis Hospital 60-mi. north of Montreal. Excellent personnel policies. Apply to: The Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

SASKATCHEWAN

Registered Nurses for Fort Qu'Appelle Sanatorium. Initial salary: $280 per mo. with semi-annual increments. Recognition for experience. 40-hr. wk., 4-wk. paid annual vacation, 10 statutory days. Sick benefits & superannuation plans in effect. Room, board & laundry $37.50 per mo. Apply: Superintendent of Nurses, Fort San, Saskatchewan.

Registered Nurses for new 18-bed hospital with new nurses' residence opening May 1960. We have 4 Doctors on our Medical Staff also Canadian Mental Health Services & Canadian Arthritis & Rheumatism Services. 30 days annual vacation, this includes statutory holidays. Starting salary $260 per mo. which shall be increased in January 1960. Apply: John Uhryn, Administrator, Union Hospital, Davidson, Saskatchewan.

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(2) Directors of Nursing in Hospitals: up to $5,400 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $4,050 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,750 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

• Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three week's annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

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(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec, 4, P.Q.

(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

General Duty Nurses (2) Immediately; for modern 22-bed hospital located in a pleasant active community. Basic salary $280 per mo., if registered in Saskatchewan. 40-hr. work wk., pension plan available, modern residence accommodation with T.V. available at $34.50 per mo. For further information & application forms apply to: J. R. Huckstep, Secretary-Manager, Union Hospital, Box 70, Shellbrook, Saskatchewan.

U.S.A.

Supervisors & Nurses for 80-bed County Hospital in picturesque mountain foothills, no smog or rain. Starting salary $337-$395 plus normal increases, 3-wk. vacation etc., Leisurely living in home-like congeniality, near L.A., San Diego, Las Vegas, & 8-mi. near historic Mexico. Send for descriptive letter to: Mr. L. J. Lonni, P.O. Box 1771, El Centro, California.

Supervisory or Staff Position: according to your qualifications. (Come to Sunny California). This 500-bed accredited teaching hospital offers unusual opportunities for growth. Excellent starting salary & increment program. Holidays — sick leave — vacations & Group Insurance. We feel sure we will be able to place you, we know you will like being associated with this modern progressive hospital that is located in the heart of the greater Los Angeles metropolitan area. Apply: Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses, (eligible for California registration) for new 254-bed JCAH approved district hospital, San Francisco Bay area. Positions available in surgery, Gyn., O.B., pediatrics & medicine. **Staff Nurses** entrance salary $345 with range to $385 per mo. Supervisory positions at increased rate. Special area & evening differential paid. Free Blue Cross hospitalization & surgical coverage with liberal personnel policies & fringe benefits. Uniforms laundered free. Excellent modern housing, schools & colleges. Apply: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for 440-bed modern, progressive hospital. Starting salary $355 per mo. $25 P.M. & night differential. $25 additional for surgery. Tenure salary increases. Liberal vacation plan. 7 pd. holidays, 40-hr. wk. Social security, hospitalization insurance & retirement program. Write: Personnel Office, Sutter Community Hospitals, 2820 - L Street, Sacramento, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered General Duty Nurses (2) for small General Hospital. Salary $375 per month. For information write: Box 336, Dos Palos, California or phone Express 2-3266 collect.

General Duty Nurses (4) for new modern hospital. Starting salary $320 per mo., 40-hr-wk., differential for 3-11 & 11-7. Paid vacation after 1-yr. of service, sick leave & holidays. Apply: Personnel Director, Mercy Hospital, Merced, California.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $341 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary $330 per mo., $15 per mo. merit increases at 6, 12, 24 & 36-mo. 40-hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

General Duty Nurses — J.C.A.H. accredited 99-bed hospital midway between Los Angeles & San Francisco. Salary depends upon experience & qualifications. Rooms available in modern nurses' residence $10 per mo., 40-hr. wk., 15 days vacation, liberal sick leave, 12 holidays. Social Security benefits. Write: Superintendent of General Hospital, Tulare, California.

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. **General Duty:** $335 per mo. minimum-days. $25 dif. for 3-11 & $20 dif. for 11-7. Time & ½ over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays 12 day sick leave. Cotton uniforms laundered. Nurses' residence $10 per mo. Graduates of accredited schools. California license obtainable immediately. Promotions made from staff whenever feasible. Apply: Mildred Croddy, R.N., Director of Nurses, Santa Fe Coast Lines Hospital, 610 South, St. Louis Street, Los Angeles 23, California.

THE ROYAL ALEXANDRA HOSPITAL

EDMONTON, ALBERTA

Requires

General Duty Nurses for Medical, Surgical, Obstetrical and Pediatric Services and for the Operating Room.

Minimum salary $270 per mo. with Alberta Registration.

Good personnel policies.

Apply to:

DIRECTOR OF NURSING,
ROYAL ALEXANDRA HOSPITAL,
EDMONTON, ALBERTA.

KINGSTON GENERAL HOSPITAL

requires

Operating Room Supervisor
Assistant evening and night Supervisors
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for:
Neurosurgery, Ophthalmology, Ear, Nose and Throat surgery.
General Duty
for:
O.R., Medical, Surgical Floors and Intensive Care Unit
(male or female Registered Nurses considered for all above positions)
Certified Nursing Assistants

For full details relating to hours, vacations and benefits, apply to:

DIRECTOR OF NURSING,
KINGSTON GENERAL HOSPITAL,
KINGSTON, ONTARIO.

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CRIPPLED CHILDREN

Requires Immediately

QUALIFIED EXPERIENCED PUBLIC HEALTH NURSES

YOU WILL RECEIVE —

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You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

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92 COLLEGE ST., TORONTO 2

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Operating Room Nurses; Salary $340 - $385 upon registration plus $33 shift differential. Time & a half (½) for weekends & holidays. Employee's Health & pension Plans, nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $365 for days, $395 for evenings, $385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: $390 days, $420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Nurses in obstetrics, pediatrics, medicine & surgical nursing. We invite inquiries from all Canadian Nurses considering employment in the United States. For full particulars, write: Director of Nursing Service, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis 7, Indiana.

Registered Nurses — Salary open, commensurate with experience, differential for evenings & night service. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses for 90-bed accredited hospital. Top salary, excellent benefits, good personnel policies, opportunities for promotion. Apply: Administrator, Sidney A. Sumby Hospital, 234 Visger Road, River Rouge 18, Michigan.

Operating Room Supervisor for 88-bed modern JCAH General Hospital. Minimum salary $335 based on qualifications, $40 call pay. Liberal personnel policies. College town 30,000, 85% sunshine belt, dry mild all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses: Transportation Paid via 1st class air to Albuquerque & return in exchange for 1-yr. employment contract. Come to New Mexico, "Land of Enchantment", largest private hospital in state - General Hospital, sanatorium & geriatric units, building program, in-service education. Vacancies for staff duty, no rotation of shift, salary $300/mo. to start, $15 differential for evenings & nights. Write or call: Mrs. Emily J. Tuttle, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone Chapel 3-5611.

General Staff & Operating Room Nurses for 88-bed modern JCAH General Hospital. Starting salary $300; $20 differential evening & night; $40 O.R. call, 40-hr. wk. Liberal personnel policies. College town 30,000; 85% sunshine belt, dry mild all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses for 278-bed fully accredited hospital with all services, incl. Starting salary $350-$375 per mo., ICU Retirement Plan, paid insurance, & other fringe benefits. Write: Personnel Director, Washoe Medical Center, Reno, Nevada.

Graduate Staff & Operating Room Nurses for 225-bed General Hospital, near New York City. Apply: Director of Nursing, St. John's Riverside Hospital, Yonkers, New York.

Graduate Professional Nurse, trained in Pediatrics. Hospital operated under the direction of the Episcopal Diocese of Albany. Nurse must be able to accept responsibility & supervise welfare of small children & direct students in Child Care. All maintenance, cardinal holidays, one month paid vacation. Write Miss Lona F. Bartlett, Superintendent, St. Margaret's House & Hospital for Babies, 100 New Scotland Avenue, Albany, New York.

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

EDUCATIONAL DIRECTOR
FOR NEW SCHOOL OF NURSING

New school building, new student residence. Hospital opened in 1956, all services; 250-beds.
Present plan to enrol first class of students for September 1961. Director required for September 1960 to facilitate planning an educational program and arranging for staff.
Opportunities for additional education at Laurentian University.
Salary according to qualifications and experience.

Apply:
DIRECTOR OF NURSING, SUDBURY MEMORIAL HOSPITAL,
REGENT STREET SOUTH, SUDBURY, ONTARIO.

VICTORIAN ORDER OF NURSES FOR CANADA
has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:
Director in Chief,
Victorian Order of Nurses for Canada
5 Blackburn Ave., Ottawa 2, Ontario

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ACTIVE, 200-BED, FULLY ACCREDITED.

Requires staff for the following positions:
Assistant Supervisor Operating Room —
Postgraduate study in operating room supervision and management.

GENERAL STAFF NURSES
CERTIFIED NURSING ASSISTANTS

Excellent salary and personnel policies
Additional salary paid for postgraduate study in specialty.

For further information apply to:
DIRECTOR OF NURSING, GENERAL HOSPITAL, GUELPH, ONTARIO.

UNIVERSITY HOSPITAL
SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $270 to $310 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:
DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

SASKATCHEWAN COUNCIL for CRIPPLED CHILDREN and ADULTS

has immediate opening for

ASSISTANT COMMUNITY SERVICES SUPERVISOR

Qualifications: Public Health Nurse training, preferably with field work experience.

Duties Organization and direction of mobile rehabilitation and treatment clinics; assisting in direction of summer camps for the handicapped; co-ordination and development of branch, parent group, and community recreation programs. Travelling involved (transportation arranged).

Salary: $4,000 to $4,800 (according to qualifications) plus usual staff benefits.

Apply: **Executive Director, 1410 Kilburn Avenue, Saskatoon.**

Graduate Nurses interested in living in "Golden Triangle" metropolitan area with advantages of educational, cultural, civic, social activities, Medical teaching General Hospital, adjacent campus University of Pittsburgh. Interesting, challenging positions, liberal personnel benefits & excellent working conditions. Low cost attractive housing facilities available. Interested applicants write: Director of Nursing, Montifiore Hospital, 3459-5th. Avenue, Pittsburgh 13, Pennsylvania.

Staff Nurses (Intensive Care Unit) for real bedside nursing. Take advantage of this excellent opportunity to gain experience in the newest media of patient care. You will be trained at full salary to serve in St. Paul Hospital's second Intensive Care Unit. Openings for all shifts, excellent employee benefits. Inquire: Personnel Department, St. Paul Hospital, Dallas, Texas.

Staff Nurses (All Services) for air-conditioned teaching hospital. Base salary — rotation: $292 per mo.; evenings or night: $305 per mo. Good personnel policies. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: $339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

ALBERTA

Registered Nurses (2 Immediately) for 15-bed hospital. State salary. Phone or write: Smoky Lake Municipal Hospital #73, Smoky Lake, Alberta.

Registered General Duty Nurses (4) for 32-bed hospital with program of building an addition this spring. Salary $275 - $305; 21-days vacation with pay after 1 year service plus 11 statutory holidays, 1½ days sick leave accumulative. $30 per mo. deduction for room, board & laundry. $10 extra for 11-7 shift. For further information, apply to: Mrs. Pauline Landry, Matron, Municipal Hospital, Fairview, Alberta.

Registered Nurses or Graduate Nurses for General Duty (2) for 16-bed hospital, centrally located between two very good summer resorts etc. Salary schedule according to suggested A.A.R.N. namely $275 - $300 & adjusted according to experience since graduation. Living in accommodation availble at $30 per mo. & Blue Cross on a 50-50 basis. Apply: Mrs. J/. Bergquist R.N., Matron, Municipal Hospital #43, Bentley, Alberta.

BRITISH COLUMBIA

Registered Nurses for new 250-bed accredited hospital, General Duty all departments. Salary $270, $285 - $342. 1-mo. vacation plus 10 statutory holidays after 1-year. 50% medical coverage. Implementation of superannuation expected this year. 6-mi. from the centre of Vancouver city. Write or wire: Director of Nursing, General Hospital, Burnaby, British Columbia.

Registered Nurses for 29-bed hospital, 35-mi. south of Winnipeg. 42-hr. wk. Starting salary $315; $5.00 increase 6-mo. the first year, $10 yearly thereafter to a maximum of $355. Annual vacation with pay plus statutory holidays. Residence accommodation available. Matron, DeSalaberry Hospital, St. Pierre, Manitoba.

Matron (Immediately) also R.N.'s., for 18-bed hospital. Matron's salary basic $385-$425. R.N.'s $295-$335. Attractive living quarters; excellent personnel policies. Apply: Matron, Vita Memorial Hospital, Vita, Manitoba.

Supervisor (Floor) & Assistant Superintendent for small modern General Hospital situated on the beautiful south shore of Nova Scotia. Starting salary $280 gross, $40 deduction for board. Pension plan pending. Course in Supervision preferred. Must have had Supervisory experience. **Also O. R. Nurse** required. Starting salary $250. Apply: Superintendent, Fisherman's Memorial Hospital, Lunenburg, Nova Scotia.

Public Health Nurse (qualified with Public Health Certificate) for Haldimand County School Health Service. Salary $3,500 - $3,800 depending on experience. 5-day wk., excellent working conditions, starting September 1, 1960. Car allowance $700. Apply stating qualifications & experience to : William T. Oster, Chairman, Administration Committee, R. R. #1, Cayuga, Ontario by June 10th.

ALBERTA ASSOCIATION OF REGISTERED NURSES

invites applications for the positions of

EXECUTIVE SECRETARY, REGISTRAR

Advanced preparation essential

For further information, apply to:

SELECTIONS COMMITTEE, ALBERTA ASSOCIATION OF REGISTERED NURSES 10256-112 STREET, EDMONTON, ALBERTA.

Positions now open.

REGISTERED NURSES

Small hospital in company operated town has vacancies for General Duty Nurses.

Ontario registration required.

Accommodation available in nurses' residence, community organized recreation, welfare benefits.

Salary range $306 - $397 monthly.

Apply to: Matron

SMOOTH ROCK FALLS HOSPITAL, SMOOTH ROCK FALLS, ONTARIO

NEW MOUNT SINAI HOSPITAL

Toronto

Modern 400-bed Hospital

requires

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan

Good Salaries and Personnel Policies

Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS

SUNNYBROOK HOSPITAL, TORONTO
DEER LODGE HOSPITAL, WINNIPEG
QUEEN MARY VETERANS HOSPITAL, MONTREAL
WESTMINSTER HOSPITAL, LONDON
LANCASTER HOSPITAL, SAINT JOHN, N.B.
STE. ANNE DE BELLEVUE VETERANS HOSPITAL, P.Q.

Pension plan; three weeks' paid vacation; three weeks' cumulative sick leave; 5 day week; low cost living in staff residence — for Nurses. Application forms are available at Civil Service Commission Offices, National Employment Offices and main Post Offices.

For further particulars contact the Civil Service Commission Office in the province where the position in which you are interested exists —

ONTARIO — 25 St. Clair Ave. East, Toronto.
MANITOBA — 266 Graham Ave., Winnipeg
NEW BRUNSWICK — Post Office Bldg., Canterbury St., Saint John, N.B.
QUEBEC — 685 Cathcart St., Montreal

General Duty Nurses (2) for 30-bed hospital situated 130-mi. north of Calgary, Alberta. Situated near 2 summer resorts in Central Alberta's scenic Park Country, the town has daily bus & train service to Edmonton, Calgary & other larger centres. Gross starting salary $270 with a $5.00 increase every 6-mo. for 3-years. Please address all applications to: The Matron, Municipal Hospital, Rimbey, Alberta.

BRITISH COLUMBIA

Director of Nursing (Immediately) must be Anglican. For Anglican hospital with 31-beds & 11-bassinets. Salary commensurate with experience & qualifications, B.C. registration or intentions to obtain it, necessary. Comfortable private apartment in hospital provided. All amenities of country town situated at interior end of famous Fraser River Canyon. Hospital pleasantly located at confluence of Thompson & Fraser Rivers with Canada's best climate. Excellent transportation by road or rail. 4-hrs. from Vancouver, B.C. Please apply, stating salary expected, & giving full particulars of training & experience, to: Administrator, St. Bartholomew's Hospital, Lytton, British Columbia.

Operating Room Nurse for active 32-bed hospital. Personnel policies in accordance with R.N.A.B.C. Apply to: Director of Nursing, Castlegar & District Hospital, Castlegar, B.C.

MANITOBA

Science & Clinical Instructor for School of Nursing, 150-bed hospital, with complement of 60 students, one (1) class yearly. Science Instructor to assist with Clinical instruction on completion of pre-clinical term. Apply: Director of Nursing, General Hospital, Brandon, Manitoba.

Registered Nurses (Immediately) for 21-bed hospital, starting salary $295 per mo. with semi-annual increments, living quarters in hospital, for further particulars, Apply: Matron, District Hospital, Grandview, Manitoba.

ONTARIO

DIRECTOR OF NURSING for modern, approved 100-bed hospital at present considering expansion. Experience either as director or assistant preferred & postgraduate training in administration an advantage. No school of nursing. Salary open. Excellent personnel policies include 40-hr. wk., pension plan, sick leave accumulative to 30 days, 4-wk. vacation after 1-year service, 8 statutory holidays. Apply giving full details of training & experience, salary expected, etc., to: Administrator, Civic Hospital, North Bay, Ontario.

Science Instructor; Clinical Teachers for pediatric & medical-surgical departments; **General Duty Nurses** for surgical nursing. Apply: Director of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

Registered Nurses ($255 - $285) & **Certified Nursing Assistants** ($185 - $215) for modern 90-bed General Hospital in attractive town near Toronto & resort areas. Annual increments, accumulative sick leave, pension plan, shift differential, 40-hr. wk. Apply to: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Public Health Nurses (Qualified) for generalized program, urban & rural. Salary $3,500-$4,250; annual increment $150, pension plan, P.S.I., 4-wk. vacation. Apply: Archie F. Bull, M.D., D.P.H., Medical Officer of Health. Halton County Health Unit, Milton, Ontario.

Public Health Nurses (Qualified) generalized program. Minimum salary $3,417; annual increment $150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Greenville Health Unit, Brockville, Ontario.

Public Health Nurses qualified for a generalized program in the City of Oshawa. Salary range $3,500 - $4,370; annual increment $175; starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Oshawa, Ontario.

Public Health Nurse for generalized service in urban area. Personnel policies on request. Apply: Dr. J. E. Gimby, MOH. 235 Wellington Street West, Sault Ste. Marie, Ontario.

SASKATCHEWAN

Registered Nurse (1) for 8-bed hospital in Southern Saskatchewan. Starting salary $280-$320 according to experience, less $30 maintenance; 40-hr. work wk., 3-wk. vacation plus statutory holidays. Apply to: Miss L. M. Peltier, Matron, Union Hospital, Hodgeville, Saskatchewan.

U.S.A.

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per month:- Day duty $404 - $423; P.M. & Night Duty $414 - $434; 40-hr. wk., excellent personnel policies. Registration or permit to work in California required. Address applications to: The Chief Nurse, Southern Pacific Hospital, San Francisco 17, California.

Registered Nurses (Staff Nurse positions available). Starting salary $300 - $370 per mo., liberal vacation, low cost hospitalization plan, group life insurance, sick leave & other benefits. Opportunity to gain clinical experience in psychiatric nursing; orientation, in-service training & other learning experiences offered during the year. Apply: Director of Nursing Service, The C. F. Menninger Memorial Hospital, Box 829, Topeka, Kansas.

ONTARIO

Director of Nursing for 105-bed hospital. No school of nursing but C.N.A. course being considered. Degree in nursing administration an advantage. Salary open, personnel policies include 40-hr. wk., pension plan, sick leave. Mark envelope "Director of Nursing". Apply: St. Andrews Hospital, Midland, Ontario.

NURSES
REQUIRED BY
SASKATCHEWAN DEPARTMENT
OF
PUBLIC HEALTH

1. Nurses with Midwifery Certificate for outpost hospitals.
   Salary: $337 - $410 per month.
   Living accommodation provided. File No. c/c 6465
2. Qualified Public Health Nurses for generalized program in health regions.
   Salary: $312 - $379 per month. File No. c/c 6468
3. Registered Nurses for public health work.
   Salary: $288 - $350 per month. File No. c/c 6468

Nurses may apply for bursaries to obtain public health nursing certificates following field work.

BENEFITS: Three weeks holiday, three weeks accumulative sick leave allowance annually with pay, excellent pension and group life insurance plans and other benefits.

APPLICATIONS: Forms and further information available at Public Service Commission, Legislative Building, Regina.

REGISTERED NURSES
NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

INDUSTRIAL NURSE

The Bell Telephone Company has a vacancy for a full time Registered Nurse. The position would require travelling within the Kingston, Belleville, Brockville and Cornwall district. Nurses with postgraduate training in Public or Mental Health interested in this vacancy should write giving complete details of experience and, if convenient their telephone number.

Write:

MEDICAL DEPARTMENT
ROOM 930, 1050 BEAVER HALL HILL,
MONTREAL, P.Q.

GENERAL DUTY NURSES

for 82-bed fully accredited General Hospital. Salary $275 - $315, 40-hour week, no split shifts. Living accommodation in modern nurses' residence and uniforms laundered for $8.00 - $12.00 per month.

Will refund cost of railway fare to Canora, after 6-mo. service.

Apply to:
Superintendent of Nursing,
CANORA UNION HOSPITAL,
CANORA, SASKATCHEWAN.

DIRECTOR OF NURSING

Modern hospital 42-adult beds, 11-bassinets, located in a company operated town & serves a population of approximately 6,000. Salary range from $357 - $477 per mo., commensurate with experience & qualifications. Community organized recreation, residence accommodation & all conventional benefits available.

Apply giving full particulars of training & experience to:

ADMINISTRATOR, ANSON GENERAL HOSPITAL,
IROQUOIS FALLS, ONTARIO.

JEWISH GENERAL HOSPITAL
MONTREAL, QUEBEC

Completion of expansion program makes available attractive positions for Registered Nurses for General Duty and also for Certified Nursing Assistants. Excellent personnel policies. Salary in accordance with The Association of Nurses of the Province of Quebec recommendations and commensurate with experience and education. Residence accommodation available.

For further information, please write:

DIRECTOR OF NURSING, JEWISH GENERAL HOSPITAL
3755 COTE ST. CATHERINE ROAD, MONTREAL, QUEBEC

SOUTH PEEL HOSPITAL
COOKSVILLE, ONTARIO
(12 miles west of Toronto)

120-bed General Hospital, Opened May, 1958.

I. Evening Supervisor

II. Head Nurse with experience for Nursery (34-bassinettes)

Generous benefits, 40-hour work week.

For further particulars, apply:

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SOUTH PEEL HOSPITAL,
COOKSVILLE, ONTARIO.

REGISTERED NURSES

required for the

GENERAL STAFF

of the

OPERATING ROOM

Salary range $270 - $305

commensurate with experience and qualifications.

Apply

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $270-$320 per mo. Certified Nursing Assistants $200-$220 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $270 - $310 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $276 monthly ($127 bi-weekly) with annual increment $10 monthly ($4.60 bi-weekly) for three years, if registered in Ontario; $256 monthly ($117.80) bi-weekly until registered. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12 working days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

GENERAL DUTY STAFF

OPERATING ROOM STAFF

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

NOTRE DAME HOSPITAL OF MONTREAL

NURSES NEEDED

Salary, according to qualifications: $57.00 - $90.00 per week.
Evening differential: $7.00 per week. — Night differential: $5.00 per week.
Increases: After 6 months, 1 year, 2 years. Pension Fund.
Free: Two meals daily — Laundering of uniforms.
Statutory holidays - 2; Paid sick time - 2 weeks (after 1 year)
Paid vacation: 3 weeks after 1 year.
Opportunities for promotion — Inservice education program.

For further information, write to:

LA DIRECTRICE DU NURSING — HOPITAL NOTRE-DAME — MONTREAL

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

REQUIRES

INSTRUCTOR IN FUNDAMENTALS OF NURSING

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of two years of nursing education followed by one year internship. One class of 30 students is admitted yearly. Duties include: Clinical and classroom instruction in fundamentals of comprehensive patient care; integration of Introductory Pharmacology (solutions and dosage); instruction in an integrated course of Medical-Surgical Nursing.

Requirements: University preparation in Nursing Education.
Salary differential for degree.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING,
2240 KILDARE ROAD, WINDSOR, ONTARIO.

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

CLASSROOM & CLINICAL INSTRUCTORS
GENERAL STAFF NURSES

required

The General Hospital of Port Arthur

Salary schedule in conformity with R.N.A.O. recommendations.
Partial fare refund after 1 yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR, PORT ARTHUR, ONTARIO.

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC,
OPERATING ROOM &
PSYCHIATRIC NURSES

General staff positions also available.

Salary: $280 - $336 general staff. Commencing salary $294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, $286.25 - $343.25.

A clinical differential of $10 a month in addition for approved postgraduate course.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General Hospital,
Vancouver 9, British Columbia.

THE MONTREAL GENERAL HOSPITAL

MONTREAL

requires a

POSTGRADUATE CLINICAL INSTRUCTOR

Operating Room

For further information apply to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
MONTREAL, QUEBEC

HAMILTON GENERAL HOSPITALS

SCHOOL OF NURSING

will have vacancies
on the teaching staff
in the field of
SCIENCE AND NURSING
at the end of the school term

The school of nursing has a program of 2 years correlated theory and practice plus 1 year internship for approximately 300 students

Apply to: Director of Nursing,

HAMILTON
GENERAL HOSPITALS,
BARTON STREET EAST,
HAMILTON, ONTARIO.

STAFF NURSES

430-bed General Hospital, JCHA accreditated. All clinical areas. Salary $320. to $400. per month days; $340. to $420. per month evenings and nights; automatic annual increases; credit given for previous experience. 40-hour, 5-day week; paid overtime, holidays, vacation and sick leave. Excellent opportunities for promotion. Active orientation and in-service education program. Living quarters available if desired.

Write to: Director of Nursing,

THE CHARLES T. MILLER HOSPITAL, ST. PAUL 2, MINNESOTA